05/014/15/TN 8 NOT FILMED

POMS

PROGRAM OPERATIONS MANUAL SYSTEM
Part 05
Supplemental Security Income

Chapter 014
State Supplementation Payments

Subchapter 15
Elements of State Supplementary Payments

This consolidation includes transmittals through TN 8.

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Social Security Administration
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HE 3.6/5:

Check List of POMS Transmittals Received

TN	Date	Initial	TN	Date	Initial	TN	Date	Initial	TN	Date	Initial
1.			37.			73.			109.		
2.			38.			74.			110.		
3.			39.			75.			111.		
4.			40.			76.			112.		
5.			41.			77.			113.		
6.			42.			78.			114.		
7.			43.			79.			115.		
8.			44.			80.			116.		
9.			45.			81.			117.		
10.			46.			82.			118.		
11.			47.			83.			119.		
12.			48.			84.			120.		
13.			49.			85.			121.		
14.			50.			86.			122.		
15.			51.			87.			123.		
16.			52.			88.			124.		
17.			53.			89.			125.		
18.			54.			90.			126.		
19.			55.			91.			127.		
20.			56.			92.			128.		
21.			57.			93.			129.		
22.			58.			94.			130.		
23.			59.			95.			131.		
24.			60.			96.			132.		
25.			61.			97.			133.		
26.			62.			98.			134.		
27.			63.			99.			135.		
28.			64.			100.			136.		
29.			65.			101.			137.		
30.			66.			102.			138.		
31.			67.			103.			139.		
32.			68.			104.			140.		
33.			69.			105.			141.		
34.			70.			106.			142.		
35.			71.			107.			143.		
36.			72.			108.			144.		

Check List of POMS Transmittals Received

TN	Date	Initial	TN	Date	Initial	TN	Date	Initial	TN	Date	Initial
145.			181.			217.			253.		
146.			182.			218.			254.		
147.			183.			219.			255.		
148.			184.			220.			256.		
149.			185.			221.			257.		
150.			186.			222.			258.		
151.			187.			223.			259.		
152.			188.			224.			260.		
153.			189.			225.			261.		
154.			190.			226.			262.		
155.			191.			227.			263.		
156.			192.			228.			264.		
157.			193.			229.			265.		
158.			194.			230.			266.		
159.			195.			231.			267.		
160.			196.			232.			268.		
161.			197.			233.			269.		
162.			198.			234.			270.		
163.			199.			235.			271.		
164.			200.			236.			272.		
165.			201.			237.			273.		
166.			202.			238.			274.		
167.			203.			239.			275.		
168.			204.			240.			276.		
169.			205.			241.			277.		
170.			206.			242.			278.		
171.			207.			243.			279.		
172.			208.			244.			280.		
173.			209.			245.			281.		
174.			210.			246.			282.		
175.			211.			247.			283.		
176.			212.			248.			284.		
177.			213.			249.			285.		
178.			214.			250.			286.		
179.			215.			251.			287.		
180.			216.			252.			288.		

Chapter SI 014 State Supplementary Payments
Subchapter 15 Elements of State Supplementary Payments

Claims Manual (CM) Reference	*POMS Reference*
12995	SI 01415.005
12997	SI 01415.001
12999 Appendix I	SI 01415.010
12999 Appendix II	SI 01415.015
E 13104	SI 01415.020

01415.000 Elements of State Supplementary Payments

	Section
State Supplementary Programs	01415.001
Administration of State Supplementary Payments	01415.010
States Electing to Maintain Mandatory Minimum Supplementary Payment Levels	01415.014
Federally Administered Optional Supplementary Payment Programs— 1987 and 1988 Payment Levels	01415.019
Federally Administered State Optional Supplementation Payment Programs — January 1989 Payment Levels	01415.020

Elements of State Supplementary Payments

Citations Act as amended in 1973 - Section 1616 Social Security Amendements of 1972 - Section 301 - Public Law 93-66 - Section 212

01415.001 State Supplementary Programs

A. Introduction — General

The following sections provide an overall picture of the various supplementary programs that SSA administers on behalf of States. These sections assist field personnel in processing initial claims and posteligibility actions in those cases involving interstate moves.

B. Introduction — Federal Living Arrangement Code "D" Increases

Effective July 1, 1988, the Federal payment to recipients in Federal living arrangement code "D" was increased from $25 to $30 for an individual and from $50 to $60 for a couple.

States that supplement "D" cases are required to pass along the Federal increase to recipients.

The Social Security Administration currently administers an optional State supplementary payment to residents of Federal living arrangement "D" on behalf of the following States

	Individual		*Couple*
•California	$10	-	$20
•District of Columbia	$30	-	$60
•Maine	$10	-	$20
•Massachusetts	$40	-	$80
•Michigan	$ 7	-	$14
•New Jersey	$10	-	$20
•New York	$ 5	-	$10
•Vermont	$15	-	$30

After passing along the July 1, 1988, increase, for example, in California the combined Federal/State amount for "D" cases on July 1, 1988, is $40 ($30 and $10) for an individual and $80 ($60 and $20) for a couple.

01415.010 Administration of State Supplementary Programs

F = Federal Administration
S = State Administration
N = No Program
X = State payment variable
Variations for federally administered optional supplementation programs are shown. Consult regional instructions for variations in State administered programs and mandatory supplementation programs.

	MANDATORY	OPTIONAL	VARIATIONS			
			CATEGORY	INCOME	LIVING ARRANGEMENT	RESOURCES
ALABAMA	S	S				
ALASKA	S	S				
ARIZONA	S	S				
ARKANSAS	F	N				
CALIFORNIA	F	F	X		X	
COLORADO	S	S				
CONNECTICUT	S	S				
DELAWARE	F	F			X	
DISTRICT OF COLUMBIA	F	F			X	
FLORIDA	F	S				
GEORGIA	F	N				
HAWAII	F	F			X	
IDAHO	S	S				
ILLINOIS	S	S				
INDIANA	S	S				
IOWA	F	F	X		X	
KANSAS	F	N				
KENTUCKY	S	S				
LOUISIANA	F	S				
MAINE	F	F			X	X
MARYLAND	F	S				
MASSACHUSETTS	F	F	X		X	
MICHIGAN	F	F			X	
MINNESOTA	S	S				
MISSISSIPPI	F	N				
MISSOURI	S	S				
MONTANA	F	F			X	
NEBRASKA	S	S				
NEVADA	F	F	X		X	
NEW HAMPSHIRE	S	S				
NEW JERSEY	F	F			X	
NEW MEXICO	S	S				
NEW YORK	F	F		X	X	
NORTH CAROLINA	S	S				
NORTH DAKOTA	S	S			X	
OHIO	F	S				
OKLAHOMA	S	S				
OREGON	S	S				
PENNSYLVANIA	F	F			X	
RHODE ISLAND	F	F			X	
SOUTH CAROLINA	S	S				
SOUTH DAKOTA	F	S				
TENNESSEE	F	N				
TEXAS	N	N				
* UTAH	S	S				
VERMONT	F	F		X	X	
VIRGINIA	S	S				
WASHINGTON	F	F		X	X	
WEST VIRGINIA	N	N				
WISCONSIN	F	F			X	
WYOMING	S	S				

* Federal-administration began May 1, 1988.

01415.014 States Electing to Maintain Mandatory Minimum Supplementary Payment Levels

A. Background

The following States with federally administered mandatory supplementary payment programs have elected to pass through the full amount of the increase to the Federal benefit rates for the years 1987, 1988 and 1989:

Arkansas	Hawaii	Massachusetts	Ohio
California	Iowa	Michigan	Pennsylvania
Delaware	Kansas	Mississippi	South Dakota
District of Columbia	Louisiana	Montana	Tennessee
Georgia	Maine	New Jersey	Washington
	Maryland	New York	

B. Operating Procedures

The following rate increases should be applied to the MIL's for States listed above:

Category	Federal Living Arrangement	Amount of Increase 1987	1988	1989
Individual	A, C	$4.00	$14.00	$14.00
Individual with an essential person	A, C	6.00	21.00	21.00
Individual	B	2.67	9.33	9.34
Individual with an essential person	B	4.01	14.00	14.00
Member of a couple	A	3.00	11.00	10.50
Member of a couple with an essential person	A	4.00	14.50	14.00
Member of a couple	B	2.00	7.34	7.00
Member of a couple with an essential person	B	2.67	9.67	9.33

01415.019 Federally Administered Optional Supplementary Payment Programs—January 1987 and January 1988 Payment Levels

CALIFORNIA
DELAWARE
DISTRICT OF COLUMBIA
HAWAII
IOWA
MAINE
MASSACHUSETTS
MICHIGAN
MONTANA
NEVADA
NEW JERSEY
NEW YORK
PENNSYLVANIA
RHODE ISLAND
UTAH (Effective May 1, 1988)
VERMONT
WASHINGTON
WISCONSIN

CALIFORNIA

Definitions of State Living Arrangement Variations

Code	*Definition*
A	Independent Living with Cooking Facilities—This variation includes an eligible individual or couple who: 1. Lives in his/her own household, as defined for Federal living arrangement "A" purposes, and has cooking and food storage facilities or is provided meals as part of the living arrangement; or 2. Is a patient in a certified private medical facility where title XIX does *not* pay more than 50 percent of the cost of care; or 3. Is a blind child under age 18 living in the household of a parent or parents or is a disabled child age 18 or over who meets sharing criteria and is living in the household of a parent or parents; or 4. Is a blind individual who lives in an independent living arrangement with or without cooking and food storage facilities; or 5. Effective July 1, 1983, lives in a private medical facility licensed by the State but not certified under title XIX. (An optional supplement "A" payment based on the new instructions is payable retroactively to July 1, 1983.)
B	Nonmedical Out-of-Home Care (NMOHC)—This variation applies when an individual/couple needs nonmedical care or supervision in the following living arrangement situations: CHILDREN (UNDER AGE 18) 1. Blind child residing in a State licensed NMOHC facility; or 2. Blind child residing in the home of a relative who is not a parent and not a legal guardian; or 3. Disabled child residing in a State licensed NMOHC facility; or 4. Effective October 1, 1979, disabled child residing in the home of a legal guardian who is not a relative; or 5. Effective January 1, 1984, disabled child residing in the home of a relative who is not a parent (*Major* v. *McMahon* decision, reopening a prior decision to pay OS B under this definition may be retroactive to January 1, 1984, see GN 04070.120); or 6. A blind or disabled child in an "exclusive use" home approved by a licensed home-finding agency ("exclusive use home placement"); or 7. For periods prior to July 1, 1983 only, a blind or disabled child placed in any home or State licensed NMOHC facility as the result of a court order; or ADULTS (AGE 18 AND OVER) 8. Aged, blind or disabled individual/couple has been determined to be in FLA A and resides in the home of a relative, legal conservator or guardian; or 9. Aged, blind or disabled individual/couple has been determined to be in FLA A and resides in a State licensed NMOHC facility. For California optional supplement purposes, a relative is defined as a parent, son, daughter, brother, sister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person of the preceding generation denoted by the prefix "grand" or "great."

Code	Definition
C	Independent Living Without Cooking Facilities—This variation is payable to an aged disabled individual/couple who is neither provided any meals nor has access to adequate cooking/food storage facilities as part of a living arrangement. This living arrangement applies to disabled children living with parent(s) or other individuals who are neither provided meals nor allowed access to adequate cooking/food storage facilities. Transients, as defined in SI 00835.060, are also eligible for OS C.

1. An individual/couple qualifies for OS C if any of the following situations exists:

   a. The individual's/couple's immediate living quarters do not have cooking and food storage facilities with which the individual/couple or another person (who is responsible for preparing the individual/couple's meals) can prepare meals on a daily basis.

   b. The individual/couple does *not* have access to adequate cooking and food storage facilities as part of the living arrangement (including cooking and food storage facilities which are outside the immediate living quarters) for the purpose of preparing meals or having them prepared on their behalf.

   c. The individual/couple lives in a boarding house that does *not* have a communal kitchen with adequate cooking and food storage facilities to which they have access for preparation of meals.

   d. The individual/couple lives with friends or relatives in private living quarters in the same house or in separate living quarters (for example, "over the garage") or in a similar situation and does *not* have access to the cooking and food storage facilities in the main residence for preparation of meals.

   e. The individual/couple lives in a room and board facility and does *not* contract with the facility to have meals prepared and provided as part of the living arrangement (for example, the SSI applicant/recipient's arrangement with the facility is to purchase only shelter on a monthly basis).

2. "Adequate" cooking and food storage facilities exist when an individual/couple has access to:

   a. Both a working refrigerator or icebox *and* a stove without a working oven but with at least two working burners. (The capacity of the refrigerator or icebox is not a factor of consideration. An ice chest is *not* considered adequate storage.)

   OR

   b. Both a working refrigerator or icebox *and* a hotplate with at least two burners with separate temperature controls, or two one-burner hotplates with temperature controls. (Hotplates without temperature controls which are used for warming food are *not* considered adequate cooking facilities.)

   OR

   c. Both a working refrigerator or icebox *and* a stove with a working oven or functioning microwave oven in combination with at least one working burner on a stove or a one-burner hotplate with a temperature control.

3. Eligibility for OS C begins in the month the applicant/recipient applies for this supplement rate provided he/she has been without cooking and food storage facilities throughout the month.

   NOTE: *For purposes of OS C, "throughout a month" does not mean the applicant/recipient must lack adequate cooking/food storage facilities from the very first moment of the month. He/she need only lack them from some time on the first day of the month.*

4. If eligibility is based on temporary loss or nonfunctioning of an appliance, the individual should be advised of his/her responsibility to report immediately when the temporary condition has ceased. If the individual provides an expected date when the appliance will be replaced/repaired, diary the case for recontact.

5. Eligibility for this supplement payment ceases the month following the month in which meals are provided or adequate cooking and food storage facilities are available.

Code	Definition
	6. For a couple, comprised of an aged/disabled individual and a blind individual, whose living arrangement lacks adequate cooking and storage facilities, the couple is to receive the SSI/SSP level for a blind/aged or disabled couple plus the restaurant meals allowance for the disabled member of the couple. Force payment in this living arrangement is required.
D	Living in the Household of Another—This variation applies when an eligible individual/couple is living in the household of another and is receiving food *and* shelter from that individual. Most individuals/couples who are subject to a 1/3 reduction of their Federal SSI payments (VTR) are eligible for OS D because the criteria for this supplement level are the same as for charging the VTR. However, when the eligible individual/couple lives in the home of a relative (other than a spouse) and needs care and supervision, certification for nonmedical out-of-home care (OS F) should be obtained from the county welfare office since this is the highest categorical supplement for which an individual/couple can qualify.
E	Disabled Child Under Age 18—This variation includes a disabled (not blind) child under age 18 who resides with a parent or relative by blood or marriage. (Until September 30, 1979, a disabled child under age 18 living with a legal guardian also fell into this category.) NOTE: *Effective February 1, 1982, only FLA A and C are compatible with OS E. If the VTR applies see subsection G. below.*
F	Nonmedical Out-of-Home Care Living in the Household of Another—This living arrangement variation was effective February 1, 1982. It applies whenever an eligible individual or couple meets the criteria for the nonmedical out-of-home care payment rate, and is determined to receive the Federal B payment for living in the household of another (SI 00835.200).
G	Disabled Child Under Age 18 Living in the Household of Another—This living arrangement variation was effective February 1, 1982. It applies to a disabled (not blind) child under age 18, who resides with a parent or relative by blood or marriage, *and* is determined to receive the Federal B payment for living in the household of another individual (SI 00835.200).
J	Effective July 1, 1987, the State elected Federal adminstration of an optional State supplementary payment to residents of title XIX facilities.
Y	Optional Supplementation Waived—This code designates that the individual is eligible for, but has waived his/her right to receive, an optional supplement.
Z	No Supplement Cases—This variation includes an eligible individual or couple who is a patient: 1. In a medical facility where title XIX pays more than 50 percent of the costs; or 2. In a private medical facility which is not certified under title XIX and not licensed by the State (effective July 1, 1983). (Prior to July 1, 1983, the facility could have been licensed by the State but not certified under title XIX.) This variation also includes residents of publicly operated emergency shelters throughout a month. NOTE: *California is a concurrent category State and permits SSI recipients to receive the highest categorical supplement for which they can qualify.*

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1988
California

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	Aged	354.00	221.00	575.00
		Blind	354.00	289.00	643.00
		Disabled	354.00	221.00	575.00
	B	All	354.00	294.00	648.00
	C	Aged	354.00	283.00	637.00
		Disabled	354.00	283.00	637.00
	E	Disabled	354.00	102.00	456.00
	Z	All	354.00	None	354.00
B	D	Aged	236.00 [1]	221.00	457.00
		Blind	236.00 [1]	289.00	525.00
		Disabled	236.00 [1]	221.00	457.00
	F	All	236.00 [1]	294.00	530.00
	G	Disabled	236.00 [1]	102.00	338.00
C	A	Blind	354.00	289.00	643.00
	E	Disabled	354.00	102.00	456.00
D	J	All	25.00 [2]	10.00 [3]	35.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

[3] Effective July 1, 1987, OS Code J was activated to allow for the Federal adminstration of an optional State supplementary payment to Federal living arrangement code D cases.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	Aged/Aged	532.00	534.00	1,066.00
		Blind/Blind	532.00	721.00	1,253.00
		Disabled/Disabled	532.00	534.00	1,066.00
		Aged/Blind	532.00	650.00	1,182.00
		Aged/Disabled	532.00	534.00	1,066.00
		Blind/Disabled	532.00	650.00	1,182.00
	B	All	532.00	764.00	1,296.00
	C	Aged/Aged	532.00	658.00	1,190.00
		Disabled/Disabled	532.00	658.00	1,190.00
		Aged/Disabled	532.00	658.00	1,190.00
	Z	All	532.00	None	532.00
B	D	Aged/Aged	354.67 [1]	534.00	888.67
		Blind/Blind	354.67 [1]	721.00	1,075.67
		Disabled/Disabled	354.67 [1]	534.00	888.67
		Aged/Blind	354.67 [1]	650.00	1,004.67
		Aged/Disabled	354.67 [1]	534.00	888.67
		Blind/Disabled	354.67 [1]	650.00	1,004.67
	F	All	354.67 [1]	764.00	1,118.67
D	J	All	50.00 [2]	20.00 [3]	70.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

[3] Effective July 1, 1987, OS Code J was activated to allow for the Federal adminstration of an optional State supplementary payment to Federal living arrangement code D cases.

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1987
California

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	Aged	340.00	220.00	560.00
		Blind	340.00	287.00	627.00
		Disabled	340.00	220.00	560.00
	B	All	340.00	292.00	632.00
	C	Aged	340.00	280.00	620.00
		Disabled	340.00	280.00	620.00
	E	Disabled	340.00	104.00	444.00
	Z	All	340.00	None	340.00
B	D	Aged	226.67 [1]	220.00	446.67
		Blind	226.67 [1]	287.00	513.67
		Disabled	226.67 [1]	220.00	446.67
	F	All	226.67 [1]	292.00	518.67
	G	Disabled	226.67 [1]	104.00	330.67
C	A	Blind	340.00	287.00	627.00
	E	Disabled	340.00	104.00	444.00
D	J	All	25.00 [2]	10.00 [3]	35.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

[3] Personal and incidental needs allowance - State administered amount was $10 effective February 1, 1986

NOTE *Effective July 1, 1987, a new code OS code J was activated to allow for the Federal administration of an optional State supplementary payment to Federal living arrangement code D cases.*

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	Aged/Aged	510.00	529.00	1,039.00
		Blind/Blind	510.00	711.00	1,221.00
		Disabled/Disabled	510.00	529.00	1,039.00
		Aged/Blind	510.00	642.00	1,152.00
		Aged/Disabled	510.00	529.00	1,039.00
		Blind/Disabled	510.00	642.00	1,152.00
	B	All	510.00	754.00	1,264.00
	C	Aged/Aged	510.00	650.00	1,160.00
		Disabled/Disabled	510.00	650.00	1,160.00
		Aged/Disabled	510.00	650.00	1,160.00
	Z	All	510.00	None	510.00
B	D	Aged/Aged	340.00 [1]	529.00	869.00
		Blind/Blind	340.00 [1]	711.00	1,051.00
		Disabled/Disabled	340.00 [1]	529.00	869.00
		Aged/Blind	340.00 [1]	642.00	982.00
		Aged/Disabled	340.00 [1]	529.00	869.00
		Blind/Disabled	340.00 [1]	642.00	982.00
	F	All	340.00 [1]	754.00	1,094.00
D	J	All	50.00 [2]	20.00 [3]	70.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

[3] Personal and incidental needs allowance - State administered amount was $10 effective February 1, 1986

NOTE *Effective July 1, 1987, a new code OS code J was activated to allow for the Federal administration of an optional State supplementary payment to Federal living arrangement code D cases.*

DELAWARE

Definitions of State Living Arrangement Variations

Code	*Definition*
A	Adult Residential Care Facility—This is the only living arrangement variation in Delaware and includes only those recipients who are certified by the State medical unit as residents of an adult care facility.
Y	Optional Supplementation Waived—This code designates that the individual is eligible for, but has waived his/her right to receive, an optional supplement.
Z	No Supplement Cases—No supplement cases include all recipients who are not included in A or Y.
	Optional supplementation code Z is the proper code to be used with an "intervening" Federal A code. (See SM 01301.535.)

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1988
Delaware

Individual

Federal Code	*State OS Code*	*Category*	*FBR*	*State Supplement Level*	*Total Payment Levels*
A	A	All	354.00	140.00	494.00
	Z	All	354.00	None	354.00
B	Z	All	236.00 [1]	None	236.00
C	Z	All	354.00	None	354.00
D	Z	All	25.00 [2]	None	25.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	*State OS Code*	*Category*	*FBR*	*State Supplement Level*	*Total Payment Levels*
A	A	All	532.00	450.00	982.00
	Z	All	532.00	None	532.00
B	Z	All	354.67 [1]	None	354.67
D	Z	All	50.00 [2]	None	50.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1987
Delaware

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	340.00	140.00	480.00
	Z	All	340.00	None	340.00
B	Z	All	226.67 [1]	None	226.67
C	Z	All	340.00	None	340.00
D	Z	All	25.00 [2]	None	25.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	510.00	450.00	960.00
	Z	All	510.00	None	510.00
B	Z	All	340.00 [1]	None	340.00
D	Z	All	50.00 [2]	None	50.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

DISTRICT OF COLUMBIA

Definitions of State Living Arrangement Variations

Code	*Definition*
A	Adult Foster Care Home with 50 or Fewer Residents—This variation includes only those recipients who are certified by the District of Columbia, Department of Human Services, as residents of an adult foster care home with 50 or fewer residents.
B	Adult Foster Care Home with More than 50 Residents—This variation includes only those recipients who are certified by the District of Columbia, Department of Human Services, as residents of an adult foster care home with more than 50 residents.
C	Independent Living—This variation includes all recipients in Federal living arrangements A and C not meeting the definition of another variation and not excluded as a no supplement case. This variation also includes residents of publicly operated emergency shelters throughout a month. Optional supplement code C is the proper code to be used with an "intervening" Federal A code. (See SM 01301.535.)
D	Living in the Household of Another—This variation includes recipients who are "living in the household of another" for Federal purposes.
E	Independent Living with an Essential Person (EP)—This variation includes those recipients in State living arrangement C but with an EP.
F	Living in the Household of Another with an EP—This variation includes those recipients in State living arrangement D but with an EP.
Y	Optional Supplementation Waived—This code designates that the individual is eligible for, but has waived his/her right to receive, an optional supplement.
Z	No Supplement Cases—No supplement cases include recipients in a title XIX facility where Medicaid pays more than 50 percent of the cost of the care.

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1988
District of Columbia

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	354.00	147.20	501.20
	B	All	354.00	257.20	611.20
	C	All	354.00	15.00	369.00
	E	All	531.00 [3]	15.00	546.00
B	D	All	236.00 [1]	15.00	251.00
	F	All	354.00 [2]	15.00	369.00
C	C	All	354.00	15.00	369.00
D	G	All	25.00 [4]	30.00[5]	55.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents the FBR plus essential person (EP) increment less VTR.

[3] Not an FBR; the amount represents the FBR plus EP increment.

[4] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

[5] Effective January 1, 1988, OS code G was activated to allow for the Federal adminstration of an optional State supplementary payment to Federal living arrangement code D cases.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	532.00	470.40	1,002.40
	B	All	532.00	690.40	1,222.40
	C	All	532.00	30.00	562.00
	E	All	709.00 [3]	30.00	739.00
B	D	All	354.67 [1]	30.00	384.67
	F	All	472.67 [2]	30.00	502.67
D	Z	All	50.00 [4]	60.00 [5]	110.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents the FBR plus EP increment less VTR.

[3] Not an FBR; the amount represents the FBR plus EP increment.

[4] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

[5] Effective January 1, 1988, OS code G was activated to allow for the Federal adminstration of an optional State supplementary payment to Federal living arrangement code D cases.

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1987
District of Columbia

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	340.00	132.20	472.20
	B	All	340.00	242.20	582.20
	C	All	340.00	15.00	355.00
	E	All	510.00 [3]	15.00	525.00
B	D	All	226.67 [1]	15.00	241.67
	F	All	340.00 [2]	15.00	355.00
C	C	All	340.00	15.00	355.00
D	Z	All	25.00 [4]	None[5]	25.00

[1] Not an FBR; the amount represents the FBR less VTR.
[2] Not an FBR; the amount represents the FBR plus essential person (EP) increment less VTR.
[3] Not an FBR; the amount represents the FBR plus EP increment.
[4] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.
[5] The District Of Columbia adminsters a supplement of $15 to receipients in a title XIX instiution

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	510.00	434.40	944.40
	B	All	510.00	654.40	1,164.40
	C	All	510.00	30.00	540.00
	E	All	680.00 [3]	30.00	710.00
B	D	All	340.00 [1]	30.00	370.00
	F	All	453.34 [2]	30.00	483.34
D	Z	All	50.00 [4]	None [5]	50.00

[1] Not an FBR; the amount represents the FBR less VTR.
[2] Not an FBR; the amount represents the FBR plus EP increment less VTR.
[3] Not an FBR; the amount represents the FBR plus EP increment.
[4] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.
[5] The District Of Columbia adminsters a supplement of $15 to receipients in a title XIX instiution

HAWAII

Definitions of State Living Arrangement Variations

Code	*Definition*
A	Independent Living—This variation includes an eligible individual or couple who: 1. Lives in his/her own household as defined for Federal living arrangement A purposes. This includes living in a "half-way house," which is a private nonmedical facility with whom the State has a purchase or services agreement for the short term care of certain needy individuals; or 2. Is a patient in a certified private medical facility where title XIX does *not* pay more than 50 percent of the cost of care; or 3. Is a blind or disabled child under age 18 (or age 21 if the individual qualifies as a "protected child") living in the household of a parent or parents. Optional supplement code A is the proper code to be used with an "intervening" Federal A code. (See SM 01301.535.)
B	Living in the Household of Another—Effective July 1, 1983, a supplement is no longer payable because the combined Federal/State supplementary payment level established by the State is lower than the FBR.
F	Domiciliary Care I—This variation includes an eligible individual (including a child) or couple living in a domiciliary care facility which provides varying levels of care and services. A domiciliary care facility is a private, nonmedical facility established and maintained to provide personal care and services to aged, infirm, or handicapped persons. (Hawaii has established three levels of supplementary payments based on the level of care as defined by the State (levels I, II, and III). The level of care refers to the kinds of services and care provided an individual. Each of the levels of care may be provided in a single facility.) The State provides SSA with listings of these facilities and certifies that "level I" care is provided to these recipients.
G	Domiciliary Care II—Same as F except "level II" care is provided.
H	Domiciliary Care III—Same as F except "level III" care is provided.
Y	Optional Supplementation Waived—This code designates that the individual is eligible for, but has waived his/her right to receive, an optional supplement.
Z	No Supplement Cases—No supplement cases include an eligible individual (or couple) who is living in the household of another (see explanation in definition for optional supplement B) and an eligible individual (or couple) who is a patient: 1. In a medical facility where title XIX pays more than 50 percent of the costs; or 2. In a private medical facility which is not certified under title XIX. This variation also includes residents of publicly operated emergency shelters throughout a month.

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1988
Hawaii

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	354.00	4.90	358.90
	F	All	354.00	79.90	433.90
	G	All	354.00	129.90	483.90
	H	All	354.00	191.90	545.90
B	Z	All	236.00 [1]	None	236.00
C	A	All	354.00	4.90	358.90
D	Z	All	25.00 [2]	None	25.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	532.00	8.80	540.80
	F	All	532.00	335.80	867.80
	G	All	532.00	435.80	967.80
	H	All	532.00	559.80	1,091.80
B	Z	All	354.67 [1]	None	354.67
D	Z	All	50.00 [2]	None	50.00

[1] Not an FBR; the amount represents the FBK less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1987
Hawaii

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	340.00	4.90	344.90
	F	All	340.00	79.90	419.90
	G	All	340.00	129.90	469.90
	H	All	340.00	191.90	531.90
B	Z	All	226.67 [1]	None	226.67
C	A	All	340.00	4.90	344.90
D	Z	All	25.00 [2]	None	25.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	510.00	8.80	518.80
	F	All	510.00	327.80	837.80
	G	All	510.00	427.80	937.80
	H	All	510.00	551.80	1,061.80
B	Z	All	340.00 [1]	None	340.00
D	Z	All	50.00 [2]	None	50.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

IOWA

Definitions of State Living Arrangement Variations

Code	*Definition*
A	Living in Own Household (Blind Only)—This variation includes *only an eligible blind individual and the blind member of a couple* who does not live in any other State living arrangement variation, does not have an EP, and is not otherwise excepted from supplementation. Also included are *blind* recipients in title XIX facilities where Medicaid pays 50 percent or less of the cost of care. Optional supplement code A is also compatible with Federal codes A and C. Optional supplement code A is the proper code to be used with an "intervening" Federal A code. (See SM 01301.535.)
B	Living in the Household of Another (Blind Only)—This variation includes *only an eligible blind individual and the blind member of a couple* who does not live in any other State living arrangement variation, lives in the household of another for Federal purposes, does not have an EP, and is not otherwise excepted from supplementation.
C/H	Living with a Dependent Person—This variation includes an eligible individual or each member of an eligible couple in Federal living arrangement A, B, or C who has an ineligible spouse, parent, child, or adult child living in the home with him or her, and who is financially dependent upon the eligible individual as defined by the State Department of Human Services. The payment level for this variation is increased by $22 for each blind individual or blind member of a couple to reflect the categorical blind supplement.
D/I	Living in a Family Life or Boarding Homes—This variation includes an eligible individual or each member of an eligible couple in Federal living arrangement A or B who resides in a family life home or boarding home licensed by the State Department of Health or certified by the State Department of Human Services.
G	Code G is used to indicate that no supplement is payable to a recipient living in a title XIX facility and title XIX pays more than 50 percent of the cost of care; however, a Federal D living arrangement is not appropriate because the "throughout a month" requirement is not met at the time initial claims input is made.
Y	Optional Supplementation Waived—This code designates that the individual is eligible for, but has waived his/her right to receive, an optional supplement.
Z	No Supplement Cases—No supplement cases include residents of publicly operated emergency shelters throughout a month and aged and disabled recipients living in their own households or living in the households of others. No supplement also applies to all recipients living in medical facilities not certified under title XIX or all recipients whose Federal payments are reduced to $25/$50 due to living in a title XIX facility. In addition, aged and disabled recipients whose Federal payments are not reduced and who live in a title XIX facility where Medicaid pays 50 percent or less of the cost of care do not receive a supplement. NOTE: *The State Department of Human Services administers two optional supplementation programs—In-Home Health Related Care and Residential Care.*

NOTE: *Iowa is a concurrent category State and permits SSI recipients to receive the highest categorical supplement for which they can qualify.*

Blind recipients (either individuals or member of a couple) whose records include an EP have a supplementary payment level that includes $22 for each individual in addition to the Federal FBR and EP increment and must be force paid.

CODING AND MONTHLY PAYMENT LEVELS
Effective March 1, 1988
Iowa

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	Blind	354.00	22.00	376.00
	C	Aged	354.00	177.00	531.00
		Blind	354.00	199.00	553.00
		Disabled	354.00	177.00	531.00
	D	All	354.00	62.20	416.20
	G	All	354.00	None	354.00
	Z	Aged	354.00	None	354.00
		Disabled	354.00	None	354.00
B	B	Blind	236.00 [1]	22.00	258.00
	H [3]	Aged	236.00 [1]	177.00	413.00
		Blind	236.00 [1]	199.00	435.00
		Disabled	236.00 [1]	177.00	413.00
	I [3]	All	236.00 [1]	62.20	298.20
	Z	Aged	236.00 [1]	None	236.00
		Disabled	236.00 [1]	None	236.00
C	A	Blind	354.00	22.00	376.00
	C	Blind	354.00	199.00	553.00
		Disabled	354.00	177.00	531.00
	Z	Disabled	354.00	None	354.00
D	Z	All	25.00 [2]	None	25.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

[3] Old FLA/OS codes B/C and B/D were changed to B/H and B/I to make them compatible with the RMA policy computation process.

NOTE:

State-administered programs:

(1) Individuals receiving "Residential Care" receive payment based on a per diem rate of $12.35 up to $17.28 per day plus a personal allowance of $44.00 per month.

(2) Individuals receiving "In-Home Health Care" receive a payment based on actual cost of in-home health care plus basic Federal benefits. The maximum payment for care in in-home related care is $343.60.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	Blind/Blind	532.00	44.00	576.00
		Blind/Aged	532.00	22.00	554.00
		Blind/Disabled	532.00	22.00	554.00
	C	Aged/Aged	532.00	177.00	709.00
		Blind/Blind	532.00	221.00	753.00
		Disabled/Disabled	532.00	177.00	709.00
		Aged/Blind	532.00	199.00	731.00
		Aged/Disabled	532.00	177.00	709.00
		Blind/Disabled	532.00	199.00	731.00
	D	All	532.00	320.40	852.40
	G	All	532.00	None	532.00
	Z	Aged/Aged	532.00	None	532.00
		Disabled/Disabled	532.00	None	532.00
		Aged/Disabled	532.00	None	532.00
B	B	Blind/Blind	354.67 [1]	44.00	398.67
		Blind/Aged	354.67 [1]	22.00	376.67
		Blind/Disabled	354.67 [1]	22.00	376.67
	H [3]	Aged/Aged	354.67 [1]	177.00	531.67
		Blind/Blind	354.67 [1]	221.00	575.67
		Disabled/Disabled	354.67 [1]	177.00	531.67
		Aged/Blind	354.67 [1]	199.00	553.67
		Aged/Disabled	354.67 [1]	177.00	531.67
		Blind/Disabled	354.67 [1]	199.00	563.67
	I [3]	All	354.67 [1]	320.40	675.07
	Z	Aged/Aged	354.67 [1]	None	354.67
		Disabled/Disabled	354.67 [1]	None	354.67
		Aged/Disabled	354.67 [1]	None	354.67
D	Z	All	50.00 [2]	None	50.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

[3] Old FLA/OS codes B/C and B/D were changed to B/H and B/I to make them compatible with the RMA policy computation process.

NOTE:

State-administered programs:

(1) Individuals receiving "Residential Care" receive payment based on a per diem rate of $12.35 up to $17.28 per day plus a personal allowance of $44.00 per month.

(2) Individuals receiving "In-Home Health Care" receive a payment based on actual cost of in-home health care plus basic Federal benefits. The maximum payment for care in in-home related care is $343.60. (Members of a couple are treated as individuals.)

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1988
Iowa

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	Blind	354.00	22.00	376.00
	C	Aged	354.00	177.00	531.00
		Blind	354.00	199.00	553.00
		Disabled	354.00	177.00	531.00
	D	All	354.00	62.20	416.20
	G	All	354.00	None	354.00
	Z	Aged	354.00	None	354.00
		Disabled	354.00	None	354.00
B	B	Blind	236.00 [1]	22.00	258.00
	H [3]	Aged	236.00 [1]	295.00	531.00
		Blind	236.00 [1]	317.00	553.00
		Disabled	236.00 [1]	295.00	531.00
	I [3]	All	236.00 [1]	180.20	416.20
	Z	Aged	236.00 [1]	None	236.00
		Disabled	236.00 [1]	None	236.00
C	A	Blind	354.00	22.00	376.00
	C	Blind	354.00	199.00	553.00
		Disabled	354.00	177.00	531.00
	Z	Disabled	354.00	None	354.00
D	Z	All	25.00 [2]	None	25.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

[3] Old FLA/OS codes B/C and B/D were changed to B/H and B/I to make them compatible with the RMA policy computation process.

NOTE:

State-administered programs:

(1) Individuals receiving "Residential Care" receive payment based on a per diem rate of $12.35 up to $17.28 per day plus a personal allowance of $44.00 per month.

(2) Individuals receiving "In-Home Health Care" receive a payment based on actual cost of in-home health care plus basic Federal benefits. The maximum payment for care in in-home related care is $343.60.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	Blind/Blind	532.00	44.00	576.00
		Blind/Aged	532.00	22.00	554.00
		Blind/Disabled	532.00	22.00	554.00
	C	Aged/Aged	532.00	177.00	709.00
		Blind/Blind	532.00	221.00	753.00
		Disabled/Disabled	532.00	177.00	709.00
		Aged/Blind	532.00	199.00	731.00
		Aged/Disabled	532.00	177.00	709.00
		Blind/Disabled	532.00	199.00	731.00
	D	All	532.00	320.40	852.40
	G	All	532.00	None	532.00
	Z	Aged/Aged	532.00	None	532.00
		Disabled/Disabled	532.00	None	532.00
		Aged/Disabled	532.00	None	532.00
B	B	Blind/Blind	354.67 [1]	44.00	398.67
		Blind/Aged	354.67 [1]	22.00	376.67
		Blind/Disabled	354.67 [1]	22.00	376.67
	H [3]	Aged/Aged	354.67 [1]	354.33	709.00
		Blind/Blind	354.67 [1]	398.33	753.00
		Disabled/Disabled	354.67 [1]	354.33	709.00
		Aged/Blind	354.67 [1]	376.33	731.00
		Aged/Disabled	354.67 [1]	354.33	709.00
		Blind/Disabled	354.67 [1]	347.66	731.00
	I [3]	All	354.67 [1]	497.73	852.40
	Z	Aged/Aged	354.67 [1]	None	354.67
		Disabled/Disabled	354.67 [1]	None	354.67
		Aged/Disabled	354.67 [1]	None	354.67
D	Z	All	50.00 [2]	None	50.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

[3] Old FLA/OS codes B/C and B/D were changed to B/H and B/I to make them compatible with the RMA policy computation process.

NOTE:

State-administered programs:

(1) Individuals receiving "Residential Care" receive payment based on a per diem rate of $12.35 up to $17.28 per day plus a personal allowance of $44.00 per month.

(2) Individuals receiving "In-Home Health Care" receive a payment based on actual cost of in-home health care plus basic Federal benefits. The maximum payment for care in in-home related care is $343.60. (Members of a couple are treated as individuals.)

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1987
Iowa

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	Blind	340.00	22.00	362.00
	C	Aged	340.00	170.00	510.00
		Blind	340.00	192.00	532.00
		Disabled	340.00	170.00	510.00
	D	All	340.00	62.20	402.20
	G	All	340.00	None	340.00
	Z	Aged	340.00	None	340.00
		Disabled	340.00	None	340.00
B	B	Blind	226.67 [1]	22.00	248.67
	H [3]	Aged	226.67 [1]	283.33	510.00
		Blind	226.67 [1]	305.33	532.00
		Disabled	226.67 [1]	283.33	510.00
	I [3]	All	226.67 [1]	175.53	402.20
	Z	Aged	226.67 [1]	None	226.67
		Disabled	226.67 [1]	None	226.67
C	A	Blind	340.00	22.00	362.00
	C	Blind	340.00	192.00	532.00
		Disabled	340.00	170.00	510.00
	Z	Disabled	340.00	None	340.00
D	Z	All	25.00 [2]	None	25.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

[3] Old FLA/OS codes B/C and B/D were changed to B/H and B/I to make them compatible with the RMA policy computation process.

NOTE:

State-administered programs:

(1) Individuals receiving "Residential Care" receive payment based on a per diem rate of $12.35 up to $17.28 per day plus a personal allowance of $44.00 per month.

(2) Individuals receiving "In-Home Health Care" receive a payment based on actual cost of in-home health care plus basic Federal benefits. The maximum payment for care in in-home related care is $343.60.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	Blind/Blind	510.00	44.00	554.00
		Blind/Aged	510.00	22.00	532.00
		Blind/Disabled	510.00	22.00	532.00
	C	Aged/Aged	510.00	170.00	680.00
		Blind/Blind	510.00	214.00	724.00
		Disabled/Disabled	510.00	170.00	680.00
		Aged/Blind	510.00	192.00	702.00
		Aged/Disabled	510.00	170.00	680.00
		Blind/Disabled	510.00	192.00	702.00
	D	All	510.00	314.40	824.40
	G	All	510.00	None	510.00
	Z	Aged/Aged	510.00	None	510.00
		Disabled/Disabled	510.00	None	510.00
		Aged/Disabled	510.00	None	510.00
B	B	Blind/Blind	340.00 [1]	44.00	384.00
		Blind/Aged	340.00 [1]	22.00	362.00
		Blind/Disabled	340.00 [1]	22.00	362.00
	H [3]	Aged/Aged	340.00 [1]	340.00	680.00
		Blind/Blind	340.00 [1]	384.00	724.00
		Disabled/Disabled	340.00 [1]	340.00	680.00
		Aged/Blind	340.00 [1]	362.00	702.00
		Aged/Disabled	340.00 [1]	340.00	680.00
		Blind/Disabled	340.00 [1]	362.00	702.00
	I [3]	All	340.00 [1]	484.40	824.40
	Z	Aged/Aged	340.00 [1]	None	340.00
		Disabled/Disabled	340.00 [1]	None	340.00
		Aged/Disabled	340.00 [1]	None	340.00
D	Z	All	50.00 [2]	None	50.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

[3] Old FLA/OS codes B/C and B/D were changed to B/H and B/I to make them compatible with the RMA policy computation process.

NOTE:

State-administered programs:

(1) Individuals receiving "Residential Care" receive payment based on a per diem rate of $12.35 up to $17.28 per day plus a personal allowance of $44.00 per month.

(2) Individuals receiving "In-Home Health Care" receive a payment based on actual cost of in-home health care plus basic Federal benefits. The maximum payment for care in in-home related care is $343.60. (Members of a couple are treated as individuals.)

MAINE

Definitions of State Living Arrangement Variations

Code	*Definition*
A	Living Alone/Living With Others—This variation includes an individual living in his/her own household with no other person except an ineligible spouse. A household can be a single family house, apartment, rented room, trailer, or any other dwelling. An eligible couple living in their own household, as defined above, with no other person is in this living arrangement. A person residing in a medical treatment facility (SI 00520.190 A.) and not having more than 50 percent of the cost of care paid by Medicaid is in this variation. Also included in this variation is a person residing in a private-pay facility or private-pay portion of a licensed boarding home. An individual or eligible couple living with other persons, not deemed to be "living in the household of another," is living with others.
C	Living in the Household of Another—This variation has the same meaning for the purposes of determining optional supplement living arrangements as in the Federal living arrangement "living in the household of another."
D	Living in a Foster Home—This variation includes persons residing in an adult foster home or in a children's boarding home with foster parents, as identified by the State.
E	Living in a Flat Rate Boarding Home—This variation includes persons residing in a boarding home which is not reimbursed, based on cost, all of which or that portion in which they are living, is licensed by and has a provider agreement with the State for a flat rate; also included in this living arrangement are those people residing in a group 24-hour facility or a child caring institution, as identified by the State.
G	Living in a Cost-Reimbursement Boarding Home—This variation includes persons residing in a boarding home, all of which or that portion in which they are living is licensed by and has a provider agreement to be reimbursed by the State of Maine as a cost reimbursed boarding home.
Y	Optional Supplementation Waived—This code designates that the individual is eligible for, but has waived his/her right to receive, an optional supplement.
Z	No Supplement Cases—This variation includes recipients in a title XIX facility receiving more than half their support from Medicaid and residents of publicly operated emergency shelters throughout a month. Recipients having an EP are not supplemented regardless of their optional supplement category.

NOTE: *Effective July 1, 1987, a new OS code H was activated to allow for the Federal adminstration of an optional State supplementary payment to Federal living arrangement code D cases.*

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1988
Maine

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A [1]	A	All	354.00	10.00	364.00
	D	All	354.00	56.00	410.00
	E	All	354.00	152.00	506.00
	G	All	354.00	234.00	588.00
B [1]	C	All	236.00 [2]	8.00	244.00
C [1]	B	All	354.00	10.00	364.00
D [1]	H	All	25.00 [3]	10.00 [4]	35.00

[1] An individual converted with an EP receives the appropriate Federal payment and the EP increment, but receives no supplementary payment.

[2] Not an FBR; the amount represents the FBR less VTR.

[3] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

[4] Effective July 1, 1987, OS code H was activated to allow for the Federal adminstration of Federal code D cases.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A [1]	A	All	532.00	15.00	547.00
	D	All	532.00	288.00	820.00
	E	All	532.00	480.00	1,012.00
	G	All	532.00	644.00	1,176.00
B [1]	C	All	354.67 [2]	12.00	366.67
D [1]	H	All	50.00 [3]	20.00 [4]	70.00

[1] An individual converted with an EP receives the appropriate Federal payment and the EP increment, but receives no supplementary payment.

[2] Not an FBR; the amount represents the FBR less VTR.

[3] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

[4] Effective July 1, 1987, OS code H was activated to allow for the Federal adminstration of Federal code D cases.

Maine State Income Disregards.

State Living Arrangement	Individual	Member of Couple
A.	$55.00	$40.00

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1987
Maine

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A [1]	A	All	340.00	10.00	350.00
	D	All	340.00	56.00	396.00
	E	All	340.00	152.00	492.00
	G	All	340.00	234.00	574.00
B [1]	C	All	226.67 [2]	8.00	234.67
C [1]	B	All	340.00	10.00	350.00
D [1]	H	All	25.00 [3]	None [4]	25.00

[1] An individual converted with an EP receives the appropriate Federal payment and the EP increment, but receives no supplementary payment.

[2] Not an FBR; the amount represents the FBR less VTR.

[3] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

[4] Maine adminsters a supplement of $10 to recipient in a title XIX institution.

NOTE: *Effective July 1, 1987, a new OS code H was activated to allow for the Federal administration of an optional State supplementary payment to Federal living arrangement code D cases.*

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A [1]	A	All	510.00	15.00	525.00
	D	All	510.00	282.00	792.00
	E	All	510.00	474.00	984.00
	G	All	510.00	638.00	1,148.00
B [1]	C	All	340.00 [2]	12.00	352.00
D [1]	H	All	50.00 [3]	None [4]	50.00

[1] An individual converted with an EP receives the appropriate Federal payment and the EP increment, but receives no supplementary payment.

[2] Not an FBR; the amount represents the FBR less VTR.

[3] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

[4] Maine administers a supplement of $20.00 to recipient in a title XIX institution.

NOTE: *Effective July 1, 1987, OS code H was activated to allow for the Federal adminstration of Federal code D cases.*

Maine State Income Disregards.

State Living Arrangement	*Individual*	*Member of Couple*
A.	$42.30	$32.20
B.	44.30	33.70

Effective July 1, 1987 - Maine State Income Disregards

State Living Arrangement	*Individual*	*Member of Couple*
A.	$55.00	$40.00

MASSACHUSETTS

Definitions of State Living Arrangement Variations

Code	Definition
A	Full Cost-of-Living:

1. An individual who is in Federal living arrangement A is in State living arrangement A, if he/she is living in his/her own household[1] and is:

   a. Living alone—included are individuals who live alone, who rent rooms in commercial rooming houses which openly advertise to the public and which do not provide board, or who live in a hotel. Also, those who rent only rooms in private residences will be considered living alone provided they do not use the residential kitchen facilities for preparation of meals; or

   b. Living only with his/her eligible spouse; or

   c. Living with his/her eligible spouse and ineligible child/children[2] none of whom (children) receive public income maintenance payments[3]; or

   d. Living only with his/her ineligible spouse and/or his/her ineligible child/children, none of whom (spouse and children) receive public income maintenance payments.

   NOTE: *For purposes of a. through d. above, foster children placed with anyone other than their parents are not considered to be living with the foster parent.*

2. An individual who is in Federal living arrangement C is in State living arrangement A if none of the other people with whom he/she is living receive public income maintenance payments.

3. An individual who is in Federal living arrangement A or C and who does not meet the criteria contained in 1. or 2. above will be in State living arrangement A if he/she pays at least two-thirds of the household expenses. In making a determination as to whether the individual pays two-thirds or more of the expenses, use the method defined in SI 00835.160. Only the household expenses shown in that section are to be used. An ineligible spouse's income (except any assistance based upon need) may be used to determine if the eligible person is paying two-thirds of the household expenses.

4. A person living in a public congregate housing development is in A. The State makes the determination that a public congregate housing development is eligible for listing.

Optional supplement code A is the proper code to be used with an "intervening" Federal A code. (See SM 01301.535.)

Shared Living Expenses—An individual who is in Federal living arrangement A or C and who does not meet the criteria listed for State living arrangement A or E is in State living arrangement B.

This living arrangement includes those residing in group-care facilities such as halfway houses, private medical facilities where Medicaid is paying 50 percent or less of the cost of care, foster homes, commercial boarding homes, or other facilities which do not meet the criteria for living arrangement E or public congregate housing defined above. Also included in this living arrangement are individuals placed under the auspices of the State adult foster care program and residents of publicly operated emergency shelters throughout a month.

An individual living in a household where all members receive public income maintenance payments is in this variation unless he/she is paying at least two-thirds of the household expenses (A).

An individual living in a mixed household—i.e., a household where one or more other members receive a public income maintenance payment—also is in this variation unless the individual is paying at least two-thirds of the household expenses (A).

Living in the Household of Another—This variation includes recipients determined under Federal rules to be living in the household of another and receiving support and maintenance which reduce the Federal benefit by one-third.

Code	*Definition*
E	Licensed Rest Home—This variation includes persons residing in a licensed rest home, all of which or that portion in which they are living is licensed by and has a provider agreement with the State. This variation does not include residents of a Medicaid certified portion of a rest home.
Y	Optional Supplementation Waived—This code designates that the individual is eligible for, but has waived his/her right to receive, an optional supplement.
Z	No Supplement Cases—This variation includes all recipients in a title XIX facility where Medicaid pays more than 50 percent of the cost.

NOTE: *Massachusetts is a concurrent category State and permits SSI recipients to receive the highest categorical supplement for which they can qualify.*

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[1] For purposes of determining State living arrangements, a commercial boarding house, foster home, or halfway house is not considered the person's household.

[2] Use the SSI definition of child, SI 00501.400.

[3] A public income maintenance payment is a payment from any of the following programs: Aid to Families with Dependent Children (AFDC), SSI, the Refugee Act of 1980, the Disaster Relief Act of 1974, general assistance programs of the Bureau of Indian Affairs, State or local government income maintenance programs that are based on need, or Veterans' Administration benefits based on need.

CODING AND MONTHLY PAYMENT LEVELS

Effective January 1, 1988

Massachusetts

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	Aged	354.00	128.82	482.82
		Blind	354.00	149.74	503.74
		Disabled	354.00	114.39	468.39
	B	Aged	354.00	39.26	393.26
		Blind	354.00	149.74	503.74
		Disabled	354.00	30.40	384.40
	E	Aged	354.00	171.58	525.58
		Blind	354.00	149.74	503.74
		Disabled	354.00	171.58	525.58
B	C	Aged	236.00 [1]	104.36	340.36
		Blind	236.00 [1]	267.74	503.74
		Disabled	236.00 [1]	87.58	323.58
C	A	Blind	354.00	149.74	503.74
		Disabled	354.00	114.39	468.39
	B	Blind	354.00	149.74	503.74
		Disabled	354.00	30.40	384.40
D	F	All	25.00 [2]	35.00 [3]	60.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

[3] Effective July 1, 1987, a new OS code F was activated to allow for the Federal adminstration of an optional State supplementary payment to Federal living arrangement code D cases.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	Aged/Aged	532.00	201.72	733.72
		Blind/Blind	532.00	475.48	1,007.48
		Disabled/Disabled	532.00	180.06	712.06
		Aged/Blind	532.00	338.60	870.60
		Aged/Disabled	532.00	190.89	722.89
		Blind/Disabled	532.00	327.77	859.77
	B	Aged/Aged	532.00	201.72	733.72
		Blind/Blind	532.00	475.48	1,007.48
		Disabled/Disabled	532.00	180.06	712.06
		Aged/Blind	532.00	338.60	870.60
		Aged/Disabled	532.00	190.89	722.89
		Blind/Disabled	532.00	327.77	859.77
	E	Aged/Aged	532.00	505.16	1,037.16
		Blind/Blind	532.00	475.48	1,007.48
		Disabled/Disabled	532.00	505.16	1,037.16
		Aged/Blind	532.00	490.32	1,022.32
		Aged/Disabled	532.00	505.16	1,037.16
		Blind/Disabled	532.00	490.32	1,022.32
B	C	Aged/Aged	354.67 [1]	215.80	570.47
		Blind/Blind	354.67 [1]	652.80	1,007.47
		Disabled/Disabled	354.67 [1]	194.18	548.85
		Aged/Blind	354.67 [1]	434.30	788.97
		Aged/Disabled	354.67 [1]	204.99	559.66
		Blind/Disabled	354.67 [1]	423.49	778.16
D	F	All	50.00 [2]	70.00[3]	120.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

[3] Effective July 1, 1987, a new OS code F was activated to allow for the Federal admisntration of a Federal D case.

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1987
Massachusetts

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	Aged	340.00	128.82	468.82
		Blind	340.00	149.74	489.74
		Disabled	340.00	114.39	454.39
	B	Aged	340.00	39.26	379.26
		Blind	340.00	149.74	489.74
		Disabled	340.00	30.40	370.40
	E	Aged	340.00	171.58	511.58
		Blind	340.00	149.74	489.74
		Disabled	340.00	171.58	511.58
B	C	Aged	226.67 [1]	104.36	331.03
		Blind	226.67 [1]	263.07	489.74
		Disabled	226.67 [1]	87.58	314.25
C	A	Blind	340.00	149.74	489.74
		Disabled	340.00	114.39	454.39
	B	Blind	340.00	149.74	489.74
		Disabled	340.00	30.40	370.40
D	F	All	25.00 [2]	None[3]	25.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

[3] Massachusetts administers a supplement of $35 to recipients in a title XIX institution.

NOTE: *Effective July 1, 1987, a new OS code F was activated to allow for the Federal adminstration of an optional State supplementary payment to Federal living arrangement code D cases.*

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	Aged/Aged	510.00	201.72	711.72
		Blind/Blind	510.00	469.48	979.48
		Disabled/Disabled	510.00	180.06	690.06
		Aged/Blind	510.00	335.60	845.60
		Aged/Disabled	510.00	190.89	700.89
		Blind/Disabled	510.00	324.77	834.77
	B	Aged/Aged	510.00	201.72	711.72
		Blind/Blind	510.00	469.48	979.48
		Disabled/Disabled	510.00	180.06	690.06
		Aged/Blind	510.00	335.60	845.60
		Aged/Disabled	510.00	190.89	700.89
		Blind/Disabled	510.00	324.77	834.77
	E	Aged/Aged	510.00	505.16	1,015.16
		Blind/Blind	510.00	469.48	979.48
		Disabled/Disabled	510.00	505.16	1,015.16
		Aged/Blind	510.00	487.32	997.32
		Aged/Disabled	510.00	505.16	1,015.16
		Blind/Disabled	510.00	487.32	997.32
B	C	Aged/Aged	340.00 [1]	215.80	555.80
		Blind/Blind	340.00 [1]	639.48	979.48
		Disabled/Disabled	340.00 [1]	194.18	534.18
		Aged/Blind	340.00 [1]	427.64	767.64
		Aged/Disabled	340.00 [1]	204.99	544.99
		Blind/Disabled	340.00 [1]	416.83	756.83
D	Z	All	50.00 [2]	None [3]	50.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

[3] Massachusetts administers a supplement of $70 to recipients in a title XIX institution.

NOTE: *Effective July 1, 1987, a new OS code F was activated to allow for the Federal adminstration of an optional State supplementary payment to Federal living arrangement code D cases.*

MICHIGAN

Definitions of State Living Arrangement Variations

Code	Definition
A	Independent Living—This variation includes all recipients not living in the household of another, not having an EP, and not meeting the definition of another variation. (Children under 18 are included effective April 1, 1978.) It also includes recipients residing in a title XIX facility where Medicaid is not paying more than 50 percent of the cost of care and residents of publicly operated emergency shelters throughout a month. Optional supplement code A is the proper code to be used with an "intervening" Federal A code. (See SM 01301.535.)
B	Living in the Household of Another—This variation includes recipients with no EP who are "living in the household of another" for Federal purposes. (Children under 18 are included effective April 1, 1978.)
D	Domiciliary Care—This variation includes recipients residing in licensed nonmedical facilities which provide room, board, and supervision. The State provides a list of these facilities and certifies which recipients are residents requiring this level of care.
E	Personal Care—This variation includes recipients residing in licensed nonmedical facilities which provide general supervision, physical care, and assistance in carrying out the basic activities of daily living. The State provides a list of these facilities and certifies which recipients are residents requiring this level of care.
F	Home for the Aged—This variation includes recipients residing in a nonmedical facility for the aged. The State provides SSA with a list of these facilities and certifies which recipients are residents requiring this level of care.
G	Independent Living with an EP—This variation includes recipients with an EP, not living in the household of another. (Children under 18 are excluded.)
H	Living in the Household of Another with an EP—This variation includes recipients with an EP and living in the household of another for Federal purposes. (Children under 18 are excluded.)
Y	Optional Supplementation Waived—This code designates that the individual is eligible for, but has waived his/her right to receive, an optional supplement.
Z	No Supplement Cases—No supplement cases include recipients in title XIX facilities where Medicaid pays more than 50 percent of the cost of care and recipients in medical facilities not certified under title XIX.

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1988
Michigan

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	354.00	30.10	384.10
	D	All	354.00	87.00	441.00
	E	All	354.00	157.50	511.50
	F	All	354.00	179.30	533.30
	G	All	531.00 [3]	30.10	561.10
B	B	All	236.00 [1]	20.90	256.90
	H	All	354.00 [3]	20.90	374.93
C	A	Blind/Disabled	354.00	30.10	384.10
D	I	All	25.00 [4]	7.00 [5]	32.00

[1] Not an FBR; the amount represents the FBR less VTR.

[3] Not an FBR; the amount represents the FBR plus EP increment less VTR.

[3] Not an FBR; the amount represents the FBR plus EP increment.

[4] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

[5] Effective January 1, 1988, OS code I was activated to allow for the Federal administration of an optional State supplementary payment to Federal living arrangement code D cases.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	532.00	45.10	577.10
	D	All	532.00	350.00	882.00
	E	All	532.00	491.00	1,023.00
	F	All	532.00	534.60	1,066.60
	G	All	709.00 [3]	45.10	754.10
B	B	All	354.67 [1]	31.40	386.07
	H	All	472.67 [3]	31.40	504.07
D	I	All	50.00 [4]	14.00[5]	64.00

[1] Not an FBR; the amount represents the FBR less VTR.

[3] Not an FBR; the amount represents the FBR plus EP increment less VTR.

[3] Not an FBR; the amount represents the FBR plus EP increment.

[4] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

[5] Effective January 1, 1988, OS code I was activated to allow for the Federal administration of an optional State supplementary payment to Federal living arrangement code D cases.

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1987
Michigan

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	340.00	29.20	369.20
	D	All	340.00	87.00	427.00
	E	All	340.00	157.50	497.50
	F	All	340.00	179.30	519.30
	G	All	510.00 [3]	29.20	539.20
B	B	All	226.67 [1]	20.30	246.97
	H	All	340.00 [2]	20.30	360.30
C	A	Blind/Disabled	340.00	29.20	369.20
D	Z	All	25.00 [4]	None	25.00

[1] Not an FBR; the amount represents the FBR less VTR.
[2] Not an FBR; the amount represents the FBR plus EP increment less VTR.
[3] Not an FBR; the amount represents the FBR plus EP increment.
[4] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	510.00	43.80	553.80
	D	All	510.00	344.00	854.00
	E	All	510.00	485.00	995.00
	F	All	510.00	528.60	1,038.60
	G	All	680.00 [3]	43.80	723.80
B	B	All	340.00 [1]	30.50	370.50
	H	All	453.34 [2]	30.50	483.84
D	Z	All	50.00 [4]	None	50.00

[1] Not an FBR; the amount represents the FBR less VTR.
[2] Not an FBR; the amount represents the FBR plus EP increment less VTR.
[3] Not an FBR; the amount represents the FBR plus EP increment.
[4] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

MONTANA

Definitions of State Living Arrangement Variations

Code	*Definition*
G	State-Certified Residential Care
H	State-Certified Residence in Community Home for Mentally Disabled
I	State-Certified Residence in Community Home for Physically or Developmentally Disabled
J	State-Certified Residence for Child and Adult Foster Care
K	State-Certified Semi-Independent Care
Y	Optional Supplementation Waived—This code designates that the individual is eligible for, but has waived his/her right to receive, an optional supplement.
Z	No Supplement Cases—No supplement cases include all individuals and couples not certified in State codes G, H, I, J, or K.

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1988
Montana

Individual

Federal Code	*State OS Code*	*Category*	*FBR*	*State Supplement Level*	*Total Payment Levels*
A	G	All	354.00	94.00	448.00
	H	All	354.00	94.00	448.00
	I	All	354.00	94.00	448.00
	J	All	354.00	52.75	406.75
	K	All	354.00	26.00	380.00
	Z	All	354.00	None	354.00
B	Z	All	236.00 [1]	None	236.00
C	Z	All	354.00	None	354.00
D	Z	All	25.00 [2]	None	25.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	G	All	532.00	193.00	725.00
	H	All	532.00	193.00	725.00
	I	All	532.00	193.00	725.00
	J	All	532.00	110.50	642.50
	K	All	532.00	57.00	589.00
	Z	All	532.00	None	532.00
B	Z	All	354.67 [1]	None	354.67
D	Z	All	50.00 [2]	None	50.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1987
Montana

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	G	All	340.00	94.00	434.00
	H	All	340.00	94.00	434.00
	I	All	340.00	94.00	434.00
	J	All	340.00	52.75	392.75
	K	All	340.00	26.00	366.00
	Z	All	340.00	None	340.00
B	Z	All	226.67 [1]	None	226.67
C	Z	All	340.00	None	340.00
D	Z	All	25.00 [2]	None	25.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	G	All	510.00	193.00	703.00
	H	All	510.00	193.00	703.00
	I	All	510.00	193.00	703.00
	J	All	510.00	110.50	620.50
	K	All	510.00	57.00	567.00
	Z	All	510.00	None	510.00
B	Z	All	340.00 [1]	None	340.00
D	Z	All	50.00 [2]	None	50.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

NEVADA

Definitions of State Living Arrangement Variations

Code	*Definition*
A	Independent Living or Living in Parental Household—This variation includes an aged or blind eligible individual or couple who: 1. Lives in his/her own household as defined for Federal living arrangement A purposes; or 2. Is a patient in a certified private medical facility where title XIX does *not* pay more than 50 percent of the cost of care; or 3. Is a blind child under age 18 (age 21 for individuals who qualify as a "protected child") living in a parent's household. Optional supplement code A is the proper code to be used with an "intervening" Federal A code. (See SM 01301.535.)
B	Living in the Household of Another—This variation includes an aged or blind eligible individual or couple who is living in the household of another individual and receiving food *and* shelter from that individual. Aged or blind individuals or couples, who are subject to a one-third reduction of their Federal SSI payment, are eligible for optional supplement B because the criteria for this supplement level are the same as for Federal code B.
C	Domiciliary Care—This variation includes an aged or blind eligible individual or couple who lives in a private nonmedical facility or, as of October 1976, a residential facility serving 16 or fewer persons, which provides personal care and services to aged, infirm, or handicapped adult persons who are unrelated to the proprietor. These facilities are licensed or authorized to receive payment by the State. The State provides SSA with listings of these facilities.
Y	Optional Supplementation Waived—This code designates that the individual is eligible for, but has waived his/her right to receive, an optional supplement.
Z	No Supplement Cases—No supplement cases include: 1. Disabled eligible individuals or disabled members of eligible couples; or 2. Eligible individuals or members of eligible couples in a medical facility where title XIX pays more than 50 percent of the cost; or 3. Eligible individuals or members of eligible couples who are patients in a private medical facility which is not certified under title XIX; or 4. Residents of publicly operated emergency shelters throughout a month.

NOTE: *Nevada is a concurrent category State and permits SSI recipients to receive the highest categorical supplement for which they can qualify.*

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1988
Nevada

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	Aged	354.00	36.40	390.40
		Blind	354.00	109.30	463.30
	C	Aged	354.00	253.00	607.00
		Blind	354.00	253.00	607.00
	Z	Disabled	354.00	None	354.00
B	B	Aged	236.00 [1]	24.27	260.27
		Blind	236.00 [1]	213.96	449.96
	Z	Disabled	236.00 [1]	None	236.00
C	A	Blind	354.00	109.30	436.30
	Z	Disabled	354.00	None	354.00
D	Z	All	25.00 [2]	None	25.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	Aged/Aged	532.00	74.46	606.46
		Blind/Blind	532.00	374.60	906.60
		Aged/Blind	532.00	224.53	756.53
		Aged/Disabled	532.00	37.23	569.23
		Blind/Disabled	532.00	187.30	719.30
	C	Aged/Aged	532.00	662.00	1,194.00
		Blind/Blind	532.00	662.00	1,194.00
		Aged/Blind	532.00	662.00	1,194.00
		Aged/Disabled	532.00	331.00	863.00
		Blind/Disabled	532.00	331.00	863.00
	Z	Disabled	532.00	None	532.00
B	B	Aged/Aged	354.67 [1]	49.63	404.30
		Blind/Blind	354.67 [1]	531.93	886.60
		Aged/Blind	354.67 [1]	290.78	645.45
		Aged/Disabled	354.67 [1]	24.82	379.49
		Blind/Disabled	354.67 [1]	265.97	620.64
	Z	Disabled	354.67 [1]	None	354.67
D	Z	All	50.00 [2]	None	50.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

CODING AND MONTHLY PAYMENT LEVELS
Effective July 1, 1987
Nevada

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	Aged	340.00	36.40	376.40
		Blind	340.00	109.30	449.30
	C	Aged	340.00	253.00	593.00
		Blind	340.00	253.00	593.00
	Z	Disabled	340.00	None	340.00
B	B	Aged	226.67 [1]	24.27	250.94
		Blind	226.67 [1]	213.96	440.63
	Z	Disabled	226.67 [1]	None	226.67
C	A	Blind	340.00	109.30	449.30
	Z	Disabled	340.00	None	340.00
D	Z	All	25.00 [2]	None	25.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	Aged/Aged	510.00	74.46	584.46
		Blind/Blind	510.00	374.60	884.60
		Aged/Blind	510.00	224.53	734.53
		Aged/Disabled	510.00	37.23	547.23
		Blind/Disabled	510.00	187.30	697.30
	C	Aged/Aged	510.00	662.00	1,172.00
		Blind/Blind	510.00	662.00	1,172.00
		Aged/Blind	510.00	662.00	1,172.00
		Aged/Disabled	510.00	331.00	841.00
		Blind/Disabled	510.00	331.00	841.00
	Z	Disabled	510.00	None	510.00
B	B	Aged/Aged	340.00 [1]	49.63	389.63
		Blind/Blind	340.00 [1]	531.93	871.93
		Aged/Blind	340.00 [1]	290.78	630.78
		Aged/Disabled	340.00 [1]	24.82	364.82
		Blind/Disabled	340.00 [1]	265.97	605.97
	Z	Disabled	340.00 [1]	None	340.00
D	Z	All	50.00 [2]	None	50.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1987
Nevada

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	Aged	340.00	36.40	376.40
		Blind	340.00	109.30	449.30
	C	Aged	340.00	233.00	573.00
		Blind	340.00	233.00	573.00
	Z	Disabled	340.00	None	340.00
B	B	Aged	226.67 [1]	24.27	250.94
		Blind	226.67 [1]	213.96	440.63
	Z	Disabled	226.67 [1]	None	226.67
C	A	Blind	340.00	109.30	449.30
	Z	Disabled	340.00	None	340.00
D	Z	All	25.00 [2]	None	25.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	Aged/Aged	510.00	74.46	584.46
		Blind/Blind	510.00	374.60	884.60
		Aged/Blind	510.00	224.53	734.53
		Aged/Disabled	510.00	37.23	547.23
		Blind/Disabled	510.00	187.30	697.30
	C	Aged/Aged	510.00	622.00	1,132.00
		Blind/Blind	510.00	622.00	1,132.00
		Aged/Blind	510.00	622.00	1,132.00
		Aged/Disabled	510.00	311.00	821.00
		Blind/Disabled	510.00	311.00	821.00
	Z	Disabled	510.00	None	510.00
B	B	Aged/Aged	340.00 [1]	49.63	389.63
		Blind/Blind	340.00 [1]	531.93	871.93
		Aged/Blind	340.00 [1]	290.78	630.78
		Aged/Disabled	340.00 [1]	24.82	364.82
		Blind/Disabled	340.00 [1]	265.97	605.97
	Z	Disabled	340.00 [1]	None	340.00
D	Z	All	50.00 [2]	None	50.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

NEW JERSEY

Definitions of State Living Arrangement Variations

Code	*Definition*
A	Licensed Residential Health Care Facilities and Certain Licensed Residential Facilities—The State provides New Jersey District Offices with lists of approved facilities. Mentally retarded individuals must be placed and supervised by either the State Department of Youth and Family Services or the State Division of Mental Retardation.
B	Living Alone or with Others—This category consists of all eligible individuals (including children) or eligible couples whose Federal living arrangements are A or C and who do not meet the requirements defined in other supplementation categories. Therefore, effective August 1, 1981, any eligible adult/couple who meets the requirement for a Federal A will be in optional supplement B unless residing in a residential health care facility or living alone with an ineligible spouse. Likewise, any child meeting the criteria for a Federal code C will automatically be entitled to optional supplement B. This category includes, but is not limited to, those eligible adults/couples who are: 1. Living physically alone; or 2. Living with others in a private dwelling, but meeting some criteria for Federal living arrangement A; or 3. Living in the Transitional Residency Program when the placement is through the Division of Mental Health and Hospitals, Department of Human Services Optional supplement code B is the proper code to be used with an "intervening" Federal A code. (See SM 01301.535.)
C	Living Alone with an Ineligible Spouse—This category is used when an individual lives with his/her ineligible spouse and there are no other persons who are part of the household. An ineligible spouse for State supplementation purposes is determined by using Federal criteria; i.e., a spouse, either by marriage or holding out who is either not eligible for SSI or who chooses not to apply. The State uses this category to ensure that an individual with an ineligible spouse will receive the same total payment as an eligible couple or an individual with an EP. Once other persons, even minor children, are present in the household, this supplementary payment variation cannot exist. However, it is possible that a claimant and his/her ineligible spouse live with others and allege that they are a separate "household" by virtue of the fact that they eat their meals out or have separate purchase and preparation of food. In this instance, an optional supplement C is permissible as long as no other person is in their "household." There is no couple counterpart in this category. Parent(s) with minor children are always considered to be in the same household and therefore the presence of minor children in the household of an ineligible spouse would result in optional supplement B. A transient individual who co-exists only with an ineligible spouse will also qualify for the O/S - C rate.
D	Living in the Household of Another—This variation includes persons who are "living in the household of another" for Federal purposes.
Y	Optional Supplementation Waived—This code designates that the individual is eligible for, but has waived his/her right to receive, an optional supplement.
Z	No Supplement Cases—No supplement cases include individuals and couples in licensed medical facilities whether or not Medicaid is paying more than 50 percent of the cost of care, individuals and couples in publicly operated community residences having 16 or less residents, and residents of publicly operated emergency shelters throughout a month.

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1988
New Jersey

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	354.00	150.05	504.05
	B	All	354.00	31.25	385.25
	C	Individual	354.00	203.36	557.36
		w/EP	531.00 [2]	26.36	557.36
	Z	All	354.00	None	354.00
B	D	All	236.00 [1]	44.31	280.31
C	B	All	354.00	31.25	385.25
D	Z	All	25.00 [3]	None	25.00

[1] Not an FBR; the amount represents the FBR less VTR.
[2] Not an FBR; the amount represents the FBR plus EP increment.
[3] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	532.00	457.36	989.36
	B	All	532.00	25.36	557.36
	Z	All	532.00	None	532.00
B	D	All	354.67 [1]	93.09	447.76
D	Z	All	50.00 [3]	None	50.00

[1] Not an FBR; the amount represents the FBR less VTR.
[3] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1987
New Jersey

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	340.00	150.05	490.05
	B	All	340.00	31.25	371.25
	C	Individual	340.00	195.36	535.36
		w/EP	510.00 [2]	25.36	535.36
	Z	All	340.00	None	340.00
B	D	All	226.67 [1]	44.31	270.98
C	B	All	340.00	31.25	371.25
D	Z	All	25.00 [3]	None	25.00

[1] Not an FBR; the amount represents the FBR less VTR.
[2] Not an FBR; the amount represents the FBR plus EP increment.
[3] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	510.00	451.36	961.36
	B	All	510.00	25.36	535.36
	Z	All	510.00	None	510.00
B	D	All	340.00 [1]	93.09	433.09
D	Z	All	50.00 [2]	None	50.00

[1] Not an FBR; the amount represents the FBR less VTR.
[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution. -

NEW YORK

Definitions of State Living Arrangement Variations

Code	*Definition*
A	Living Alone—Eligible individuals or eligible couples living physically alone, or living with only a foster child(ren), or a homemaker authorized by the local Department of Social Services (DSS), or a family care recipient(s) placed by the Office of Mental Health (OMH) or Office of Mental Retardation and Developmentally Disabled (OMRDD) or local DSS, or individuals living with others but paying a "flat fee for room and board," or living with others but taking all his/her meals outside the dwelling unit, or living with others in a dwelling but separately preparing food, or having his/her food separately prepared for him/her.
B	Living with Others—This variation consists of an individual/child/couple who resides in a dwelling with others and prepares food in common with at least one other person in the dwelling, or is a member of a religious community, or child (per SI 00501.040) in any living arrangement other than a family care home (Level I) or community residence (Level II) certified by OMRDD or OMH.
C	Congregate Care Level I—Consists of family type homes and family care homes. The family type homes are facilities operated for the purpose of providing long-term residential care for adults and are certified by the New York State DSS and supervised by local departments of social services. Family care homes are private households which provide care for mentally disabled persons.
D	Congregate Care Level II—Consists of residential facilities for adults and certain children with mental disabilities.
E	Congregate Care Level III—These are privately operated non-medical residential facilities. Although Level III facilities are often called schools, these facilities may not meet the Federal definition of school (SI 00501.040 C.). These facilities are operated for the purpose of providing treatment, training and education for mentally retarded or developmentally disabled individuals. The facilities are certified by OMRDD in accordance with State regulations.
F	Living in the Household of Another—Same as Federal definition. The State supplement payment for the individual/child/couple whose Federal benefit rate is subject to the one-third reduction is the "living with others" rate but for systems purposes is coded F.
Y	Optional Supplementation Waived—This code designates that the individual is eligible for, but has waived his/her right to receive, an optional supplement.
Z	No Supplement Cases—This variation includes recipients in licensed medical facilities whether or not Medicaid is paying more than 50 percent of the cost of care, recipients in publicly operated community residences which serve 16 or fewer residents, and residents of publicly operated emergency shelters throughout a month.

CODING AND MONTHLY PAYMENT LEVELS

Effective January 1, 1988
New York

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A, C	A	All	354.00	71.91	425.91
	B	All	354.00	17.24	371.24
	C	NY City	354.00	248.96	602.96
		Nassau County [4]	354.00	248.96	602.96
		All other counties	354.00	210.96	564.96
	D	NY City	354.00	400.00	754.00
		Nassau County [4]	354.00	400.00	754.00
		All other counties	354.00	370.00	724.00
	E	NY City	354.00	482.96	836.96
		Nassau County [4]	354.00	458.96	812.96
		All other counties	354.00	458.96	812.96
	Z	All	354.00	None	354.00
B	F	All	236.00 [1]	17.24	253.24
D	G	All	25.00 [2]	5.00 [3 4 5]	30.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

[3] New York administers a supplement of $15 to some recipients in a title XIX institution.

[4] Includes and applies to: Nassau, Suffolk, and Westchester counties effective 7/1/85.

[5] Effective January 1, 1988, a new OS code G was activated to allow for the Federal adminstration of an optional State supplementary payment to Federal living arrangement code D cases.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A, C	A	All	532.00	92.53	624.53
	B	All	532.00	40.53	572.53
	C	NY City	532.00	673.92	1,205.92
		Nassau County [4]	532.00	673.92	1,205.92
		All other counties	532.00	597.92	1,129.92
	D	NY City	532.00	976.00	1,508.00
		Nassau County [4]	532.00	976.00	1,508.00
		All other counties	532.00	916.00	1,448.00
	E	NY City	532.00	1,141.92	1,673.92
		Nassau County [4]	532.00	1,093.92	1,625.92
		All other counties	532.00	1,093.92	1,625.92
	Z	All	532.00	None	532.00
B	F	All	354.67 [1]	40.53	395.20
D	G	All	50.00 [2]	10.00 [3 5]	60.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

[3] New York administers a supplement of $30 to recipients in a title XIX institution.

[4] Includes and applies to: Nassau, Suffolk and Westchester counties effective 7/1/85.

[5] Effective January 1, 1988, a new OD code G was activated to allow for the Federal adminstration of an optional State supplementary payment to Federal living arrangement code D cases.

CODING AND MONTHLY PAYMENT LEVELS
Effective July 1987
New York

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A, C	A	All	340.00	71.91	411.91
	B	All	340.00	17.24	357.24
	C	NY City	340.00	243.96	583.96
		Nassau County [4]	340.00	243.96	583.96
		All other counties	340.00	205.96	545.96
	D	NY City	340.00	395.00	735.00
		Nassau County [4]	340.00	395.00	735.00
		All other counties	340.00	365.00	705.00
	E	NY City	340.00	482.96	822.96
		Nassau County [4]	340.00	458.96	798.96
		All other counties	340.00	458.96	798.96
	Z	All	340.00	None	340.00
B	F	All	226.67 [1]	17.24	243.91
D	Z	All	25.00 [2]	None [3]	25.00

[1] Not an FBR; the amount represents the FBR less VTR.
[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.
[3] New York administers a supplement of $15 to some recipients in a title XIX institution.
[4] Includes and applies to: Nassau, Suffolk and Westchester counties.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A, C	A	All	510.00	92.53	602.53
	B	All	510.00	40.53	550.53
	C	NY City	510.00	657.92	1,167.92
		Nassau County [4]	510.00	657.92	1,167.92
		All other counties	510.00	581.92	1,091.92
	D	NY City	510.00	960.00	1,470.00
		Nassau County [4]	510.00	960.00	1,470.00
		All other counties	510.00	900.00	1,410.00
	E	NY City	510.00	1,135.92	1,645.92
		Nassau County [4]	510.00	1,087.92	1,597.92
		All other counties	510.00	1,087.92	1,597.92
	Z	All	510.00	None	510.00
B	F	All	340.00 [1]	40.53	380.53
D	Z	All	50.00 [2]	None [3]	50.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

[3] New York administers a supplement of $30 to recipients in a title XIX institution.

[4] Includes and applies to: Nassau, Suffolk and Westchester counties effective July 1985.

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1987
New York

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	340.00	71.91	411.91
A, C	B	All	340.00	17.24	357.24
	C	NY City	349.00	243.96	583.96
		Nassau County [4]	340.00	205.96	545.96
		All other counties	340.00	205.96	545.96
A	D	NY City	340.00	395.00	735.00
		Nassau County [4]	340.00	395.00	735.00
		All other counties	340.00	365.00	705.00
	E	NY City	340.00	482.96	822.96
		Nassau County [4]	340.00	458.96	798.96
		All other counties	340.00	458.96	798.96
	Z	All	340.00	None	340.00
B	F	All	226.67 [1]	17.24	243.91
D	Z	All	25.00 [2]	None [3]	25.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

[3] New York administers a supplement of $15 to some recipients in a title XIX institution.

[4] Includes and applies to: Nassau, Suffolk and Westchester counties.

SI 01415.019 (Cont.)

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A, C	A	All	510.00	92.53	602.53
	B	All	510.00	40.53	550.53
	C	NY City	510.00	657.92	1,167.92
		Nassau County [4]	510.00	581.92	1,091.92
		All other counties	510.00	581.92	1,091.92
	D	NY City	510.00	960.00	1,470.00
		Nassau County [4]	510.00	960.00	1,470.00
		All other counties	510.00	900.00	1,410.00
	E	NY City	510.00	1,135.92	1,645.92
		Nassau County [4]	510.00	1,087.92	1,597.92
		All other counties	510.00	1,087.92	1,597.92
	Z	All	510.00	None	510.00
B	F	All	340.00 [1]	40.53	380.53
D	Z	All	50.00 [2]	None [3]	50.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

[3] New York administers a supplement of $30 to recipients in a title XIX institution.

[4] Includes and applies to: Nassau, Suffolk and Westchester counties.

PENNSYLVANIA

Definitions of State Living Arrangement Variations

Code	*Definition*
A	Living Alone—This variation includes all recipients in private medical facilities (nursing homes, hospitals, intermediate care facilities) where title XIX is *not* paying more than 50 percent of the cost of care, residents of publicly operated emergency shelters throughout a month, and all other individuals and couples in Federal codes A and C not meeting the definition of another variation. Optional supplement code A is the proper code to be used with an "intervening" Federal A code. (See SM 01301.535.)
B	Living in the Household of Another—This variation includes recipients who do not have an EP and who live in the household of another and receive support and maintenance for Federal purposes.
C	Living with an EP—This variation includes recipients who are not living in the household of another or in a foster care home for adults and who have one or more EP's as defined under the Federal rules; i.e., Public Law 93-66.
D	Living in the Household of Another with an EP—This variation includes recipients who live in the household of another and who have one or more EP's as defined under the Federal rules; i.e., Public Law 93-66.
G	Living in a Domiciliary Care Facility or Personal Care Boarding Home—This includes adult persons (18 and over) certified by the State to be residing in nonmedical residential care facilities.
Y	Optional Supplementation Waived—This code designates that the individual is eligible for, but has waived his/her right to receive, an optional supplement.
Z	No Supplement Cases—No supplement cases include all recipients who are residing in a medical facility in which title XIX is paying more than 50 percent of the cost of care.

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1988
Pennsylvania

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	354.00	32.40	386.40
	C	All	531.00 [3]	48.70	579.70
	G	All	354.00	147.30	501.30
B	B	All	236.00 [1]	32.40	268.40
	D	All	354.00 [2]	48.70	402.70
C	A	All	354.00	32.40	386.40
D	Z	All	25.00 [4]	None	25.00

[1] Not an FBR; the amount represents the FBR less VTR.
[2] Not an FBR; the amount represents the FBR plus EP increment less VTR.
[3] Not an FBR; the amount represents the FBR plus EP increment.
[4] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	532.00	48.70	580.70
	C	All	709.00 [3]	73.05	782.05
	G	All	532.00	373.40	905.40
B	B	All	354.67 [1]	48.70	403.37
	D	All	472.67 [2]	73.05	545.72
D	Z	All	50.00 [4]	None	50.00

[1] Not an FBR; the amount represents the FBR less VTR.
[2] Not an FBR; the amount represents the FBR plus EP increment less VTR.
[3] Not an FBR; the amount represents the FBR plus EP increment.
[4] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1987
Pennsylvania

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	340.00	32.40	372.40
	C	All	510.00 [3]	48.70	558.70
	G	All	340.00	147.30	487.30
B	B	All	226.67 [1]	32.40	259.07
	D	All	340.00 [2]	48.70	388.70
C	A	All	340.00	32.40	372.40
D	Z	All	25.00 [4]	None	25.00

[1] Not an FBR; the amount represents the FBR less VTR.
[2] Not an FBR; the amount represents the FBR plus EP increment less VTR.
[3] Not an FBR; the amount represents the FBR plus EP increment.
[4] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	510.00	48.70	558.70
	C	All	680.00 [3]	73.05	753.05
	G	All	510.00	373.40	883.40
B	B	All	340.00 [1]	48.70	388.70
	D	All	453.34 [2]	73.05	526.39
D	Z	All	50.00 [4]	None	50.00

[1] Not an FBR; the amount represents the FBR less VTR.
[2] Not an FBR; the amount represents the FBR plus EP increment less VTR.
[3] Not an FBR; the amount represents the FBR plus EP increment.
[4] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

RHODE ISLAND

Definitions of State Living Arrangement Variations

Code	*Definition*
A	Living Alone—This variation includes recipients who are in Federal codes A and C.
B	Living in the Household of Another—This variation includes recipients who are living in the household of another and receiving support and maintenance in-kind. This variation applies only when the one-third reduction to the Federal benefit is applied.
Y	Optional Supplementation Waived—This code designates that the individual is eligible for, but has waived his/her right to receive, an optional supplement.
Z	No Supplement Cases—No supplement cases include residents of publicly operated emergency shelters throughout a month and recipients who are subject to the $25 per month SSI payment limit because they are inpatients in medical facilities receiving more than 50 percent of the cost of care from the State's Medicaid program.

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1988
Rhode Island

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A [1]	All	354.00	58.55	412.55
B	B [1]	All	236.00 [2]	68.50	304.50
C	A [1]	All	354.00	58.55	412.55
D	Z	All	25.00 [3]	None	25.00

[1] Code is systems generated from the Federal code.

[2] Not an FBR; the amount represents the FBR less VTR.

[3] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A [1]	All	532.00	110.70	642.70
B	B [1]	All	354.67 [2]	125.40	480.07
D	Z	All	50.00 [3]	None	50.00

[1] Code is systems generated from the Federal code.

[2] Not an FBR; the amount represents the FBR less VTR.

[3] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1987
Rhode Island

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A [1]	All	340.00	56.20	396.20
B	B [1]	All	226.67 [3]	65.75	292.42
C	A [1]	All	340.00	56.20	396.20
D	Z	All	25.00 [3]	None	25.00

[1] Code is systems generated from the Federal code.

[2] Not an FBR; the amount represents the FBR less VTR.

[3] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A [1]	All	510.00	106.26	616.26
B	B [1]	All	340.00 [2]	120.36	460.36
D	Z	All	50.00 [3]	None	50.00

[1] Code is systems generated from the Federal code.

[2] Not an FBR; the amount represents the FBR less VTR.

[3] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

VERMONT

Definitions of State Living Arrangement Variations

Code	Definition
A	Independent Living (except Chittenden County)—This variation includes recipients not living in the household of another, not in a custodial care situation, and not otherwise excepted from supplementation. This includes a child (SI 00501.400) who is living with a parent. It also includes recipients residing in a private title XIX facility where Medicaid is not paying more than 50 percent of the cost of care. Effective May 1, 1983, an individual or eligible couple residing in a publicly operated emergency shelter throughout a month will be in this category. Optional supplement code A is the proper code to be used with an "intervening" Federal A code (except Chittenden County).
B	Independent Living in Chittenden County—Same as A above except restricted to residents of Chittenden County. Effective May 1, 1983, an individual or eligible couple residing in a publicly operated emergency shelter throughout a month will be in this category. Optional supplement code B is the proper code to be used with an "intervening" Federal A code (Chittenden County only). (See SM 01301.535.)
E	Living in the Household of Another—This variation includes recipients living in the household of another and receiving support and maintenance (subject to the Federal one-third reduction provisions), and not otherwise excepted from supplementation.
F	Custodial Care: Licensed Home with Limited Nursing Care—This variation includes recipients living in Level III Community Homes identified by the State.
G	Custodial Care: Licensed Community Care Home—This variation includes recipients living in Level IV Community Homes identified by the State.
H	Custodial Care: Family Home—This variation includes recipients living in another's home in such a manner that the individual or couple is paying room and board and is receiving one or more of the services outlined under the custodial care definition. The individual or couple must also receive the room and board and custodial care in the home in which he/she (they) reside. In order to qualify as a home under this arrangement, these services must not be provided to more than two persons and must be provided by a resident of the home. In addition to the above individuals, the Vermont Community Mental Health Agency and Department of Mental Health have established outplacement programs which provide a family home setting to no more than two persons in need of custodial care or supervision. The individuals placed in this setting are eligible for this arrangement only if a third party resides with the individual and provides the custodial care. *Custodial care* means providing basic room and board, *plus* personal services such as: help with feeding, dressing, bathing, moving about under normal circumstances, occasional tray service (tray service 2-3 times a week) and/or supervision for the recipients's protection. Supervision for the recipient's protection deals primarily with protection services for retarded and emotionally disturbed individuals. A person who receives one or more of these personal services is receiving custodial care. The change in this arrangement is effective for initial claims filed on or after January 1, 1984. For redeterminations the change is effective with the month after the month in which the first redetermination on or after January 1, 1984, is initiated. This arrangement does not cover:

Code	*Definition*
	1. Institutional Living—Regardless of whether custodial care is needed in addition to the medical, training, rehabilitation, educational or similar services as the primary function of the institution.
	2. A person whose Federal living arrangement is based on home ownership or rental liability. (A flat fee for room and board per SI 00835.120 B. is not considered as rental liability for this arrangement.)
	3. A child under 18 years of age not placed by a Vermont Community Mental Health Agency or the Vermont Department of Mental Health.
	4. Custodial care or supervision provided by a spouse (as defined by Federal regulations).
	5. Any home or boarding arrangement which does not meet the Federal (SSI) definition of independent living, Federal code A.
Y	Optional Supplementation Waived—This code designates that the individual is eligible for, but has waived his/her right to receive, an optional supplement.
Z	No Supplement Cases—No supplement cases include recipients in title XIX facilities where Medicaid pays more than 50 percent of the cost of the care.

NOTE: *When a person has a room in one facility/household and receives board or custodial care in another facility/household, the custodial rate (F, G, or H) is based on the facility/household where the person sleeps.*

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1988
Vermont

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All (Except Chittenden County)	354.00	58.50	412.50
	B	All (Restricted to Chittenden County)	354.00	58.50	412.50
	F	All	354.00	218.00	572.00
	G	All	354.00	181.90	535.90
	H	All	354.00	91.70	445.70
B	E	All	236.00 [1]	38.90	274.90
C	A	All (Except Chittenden County)	354.00	58.50	412.50
	B	All (Restricted to Chittenden [3]	354.00	58.50	412.50
D	I	All	25.00 [2]	15.00 [2]	40.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

[3] Effective January 1, 1988, a new OD code I was activated to allow for the Federal adminstration of an optional State supplementary payment to Federal living arrangement code D cases.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All (Except Chittenden County)	532.00	106.40	638.40
	B	All (Restricted to Chittenden County)	532.00	106.40	638.40
	F	All	532.00	489.60	1,021.60
	G	All	532.00	454.80	986.80
	H	All	532.00	292.10	824.10
B	E	All	354.67 [1]	49.40	404.07
D	I	All	50.00 [2]	30.00 [3]	80.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

[3] Effective January 1, 1988, a new OD code I was activated to allow for the Federal adminstration of an optional State supplementary payment to Federal living arrangement code D cases.

CODING AND MONTHLY PAYMENT LEVELS
Effective July 1, 1987
Vermont

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All (Except Chittenden County)	340.00	58.50	398.50
	B	All (Restricted to Chittenden County)	340.00	58.50	398.50
	F	All	340.00	218.00	558.00
	G	All	340.00	181.90	521.90
	H	All	340.00	91.70	431.70
B	E	All	226.67 [1]	38.90	265.57
C	A	All (Except Chittenden County)	340.00	58.50	398.50
	B	All (Restricted to Chittenden County)	340.00	58.50	398.50
D	Z	All	25.00 [2]	None	25.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All (Except Chittenden County)	510.00	106.40	616.40
	B	All (Restricted to Chittenden County)	510.00	106.40	616.40
	F	All	510.00	489.60	999.60
	G	All	510.00	454.80	964.80
	H	All	510.00	292.10	802.10
B	E	All	340.00 [1]	49.40	389.40
D	Z	All	50.00 [2]	None	50.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1987
Vermont

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All (Except Chittenden County)	340.00	57.40	397.40
	B	All (Restricted to Chittenden County)	340.00	57.40	397.40
	F	All	340.00	213.70	553.70
	G	All	340.00	178.30	518.30
	H	All	340.00	89.90	429.90
B	E	All	226.67 [1]	38.10	264.77
C	A	All (Except Chittenden County)	340.00	57.40	397.40
	B	All (Restricted to Chittenden County)	340.00	57.40	397.40
D	Z	All	25.00 [2]	None	25.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All (Except Chittenden County)	510.00	104.30	614.30
	B	All (Restricted to Chittenden County)	510.00	104.30	614.30
	F	All	510.00	480.00	990.00
	G	All	510.00	445.90	955.90
	H	All	510.00	286.40	796.40
B	E	All	340.00 [1]	48.40	388.40
D	Z	All	50.00 [2]	None	50.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

WASHINGTON

Definitions of State Living Arrangement Variations

Code	*Definition*

A — Living Alone—This variation includes recipients who are "living in own household" under title XVI. If an eligible individual/couple is determined to be living in own household (Federal living arrangement A) for title XVI, the eligible individual/couple will usually be in a living alone arrangement for State supplementation purposes.

This variation includes:

1. Eligible individuals or eligible couples living in private households, whether they are renting, buying, own their home, or have an interest in the home (e.g., a life estate). The household may be in a house, room, college dormitory, apartment, hotel, motel, etc.
2. Eligible individuals or eligible couples living in board and room situations. This includes commercial, benevolent, religious, or fraternal board and room accommodations.
3. Eligible individuals or eligible couples residing in homes approved as congregate care facilities (group homes).
4. Eligible individuals or eligible couples residing in publicly operated community-based residences of 16 or fewer beds.
5. Eligible individuals and eligible couples residing in adult family homes. Adult family homes are homes that provide board, room, laundry. They may also provide necessary supervision, personal and social services, and, when appropriate, a minimum of nursing care, and are approved for payment and licensed by the State Department of Social and Health Services.
6. An eligible individual living with an ineligible spouse when natural, step, adoptive or foster children under age 18 whose needs are included in determining an AFDC grant are residing in the same household. In these cases we assume that the ineligible spouse's income has been considered in determining the AFDC payment unless the couple is living in a holding-out relationship. (Where the holding-out spouse has income, the local Department of Social and Health Services office must be contacted to determine whether that income has been considered in an AFDC payment.) This variation does not include an eligible individual living with an ineligible spouse and grandchildren under age 18 whose needs are included in determining an AFDC grant.
7. A child in a Federal code A or C living arrangement.

Optional supplement code A is the proper code to be used with an "intervening" Federal A code. (See SM 01301.535.)

Exceptions

Optional supplement A is not paid when:

a. An individual is living in a medical care facility throughout an entire calendar month;

b. An eligible individual has more than one EP;

c. An eligible couple has one or more EP's; and

d. An eligible individual or couple is residing in a public emergency shelter for the homeless (effective 5/83).

B — Living Alone with an Ineligible Spouse and/or One EP—This variation applies to an eligible individual who is the head of the household and who lives alone as described in A above and was either converted from the December 1973 State rolls with an EP who has continued to live in the household, or is living with an ineligible spouse. An ineligible spouse is a spouse who has either not applied for SSI benefits, has been denied or terminated, or has withdrawn his or her application. It is not material whether the ineligible spouse is aged, blind, or disabled. An ineligible spouse includes:

Code	Definition

1. Legally married and common law spouses;
2. "Holding-out" spouses;
3. Alien spouses not lawfully admitted to the U.S., and
4. Refugee spouses receiving payments.

NOTE: *Refugee payments are not deemable to the eligible individual.*

In determining whether an ineligible spouse is a member of the household for the purpose of paying the optional supplement B to the eligible individual, use the same rules for making Federal determinations (SI 00850.010 and SI 00850.270). If an eligible individual marries, or a separated spouse returns home, the ineligible spouse supplement is paid beginning with the month after the month of the arrival of the ineligible spouse in the household.

Where an eligible individual lives with both an ineligible spouse and EP, the appropriate optional supplement code is still B. The system will pay the optional supplement for an EP.

Exceptions

Optional supplement B is not paid when: (1) an individual with an ineligible spouse also has child(ren) under the age of 18 whose needs are considered in determining an AFDC grant. Rather, the optional supplement A is paid. This is true whether or not the ineligible spouse is actually included on the AFDC grant; (2) an eligible individual has more than one EP. In this case, use optional supplementation code Z; or (3) an eligible individual resides in a public emergency shelter for the homeless (effective 5/83). In this case, use optional supplementation code Z.

C Living in the Household of Another—This variation applies to most cases which meet the Federal definition of living in the household of another (Federal code B).

Exceptions

Optional supplement C is not paid when: (1) an individual lives in the household of another with more than one EP; or (2) a couple lives in the household of another with one or more EP's. In both of these cases the optional supplementation code is Z.

F Living in the Household of Another with an Ineligible Spouse or One EP—This variation applies to individuals living in the household of another (Federal code B) who have an ineligible spouse or an EP.

Exception

Individuals with more than one EP are not eligible for an optional supplement.

Y Optional Supplementation Waived—This code designates that the individual is eligible for, but has waived his/her right to receive, an optional supplement.

Z No Supplement Cases—The following groups are ineligible for a federally administered optional supplement:

1. An individual with more than one EP.
2. A couple with one or more EP's.
3. Individuals residing in a medical facility throughout a month, regardless of whether private or public, or if Medicaid is involved in reimbursement for the cost of the care. (If only one member of an eligible couple is in a medical facility, determine the optional supplement variation that applies to the other member separately.) The term "medical facility" includes hospitals, nursing homes, and extended care facilities, but does not include boarding schools, congregate care facilities, and half-way houses.
4. Residents of publicly operated emergency shelters throughout a month, effective May 1983.

NOTE: *Effective July 1979, Washington raised the personal needs allowance for those subject to the $25.00 payment cap. A person in a medical facility who has income (such as social security benefits) will be allowed to keep $36.62 per month*

beginning January 1986 to use for personal expenses. SSI recipients who lave the $25.00 payment cap and have income of $45.00 or less will receive a $11.62 per month supplement from the State. This is a State-administered supplement based on need and is excluded from income per SI 00840.020.

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1988
Washington

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	King, Kitsap, Pierce, Snohomish, Thurston Counties	354.00	28.00	382.00
		All other counties	354.00	7.55	361.55
	B	King, Kitsap, Pierce, Snohomish, Thurston Counties	354.00	192.00	546.00
		All other counties	354.00	160.15	514.15
		Individual with one EP King, Kitsap, Pierce, Snohomish, Thurston Counties	531.00	15.00	546.00
		Individual with one EP All other counties	531.00	None	531.00
	Z	All	354.00 [3]	None	354.00 [3]
B	C	All	236.00 [1]	5.81	241.81
	F	Individual w/Ineligible Spouse	236.00 [1]	119.63	355.63
		Individual living with one EP	354.00 [3]	1.63	355.63
	Z	Individual living with more than one EP	236.00 [1 3]	None	236.00 [3]
C	A	King, Kitsap, Pierce, Snohomish, Thurston Counties	354.00	28.00	382.00
		All other counties	354.00	7.55	361.55
D	Z	All	25.00 [5]	None [4]	25.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents the FBR plus EP increment less VTR.

[3] Plus increment for each EP, if appropriate.

[4] Individuals/each member of a couple with income of $45.00 or less will receive a $11.62 State-administered supplement. Individuals/each member of a couple with income making them ineligible for SSI payments will be allowed to keep $36.62/month for personal expenses.

[5] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	King, Kitsap, Pierce, Snohomish, Thurston Counties	532.00	22.00	554.00
		All other counties	532.00	None	532.00
	Z	All	532.00 [2]	None	532.00 [2]
B	C	All	354.67 [1]	6.30	360.97
	Z	All	354.67 [2]	None	354.67 [2]
D	Z	All	50.00 [4]	None [3]	50.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Plus increment for each EP, if appropriate.

[3] Individuals/each member of a couple with income of $45.00 or less will each receive a $11.62 State-administered supplement. Individuals/each member of a couple with income making them ineligible for SSI payments will be allowed to keep $36.62/month for personal expenses.

[4] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1987
Washington

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	King, Kitsap, Pierce, Snohomish, Thurston Counties	340.00	28.00	368.00
		All other counties	340.00	7.55	347.55
	B	King, Kitsap, Pierce, Snohomish, Thurston Counties	340.00	192.00	532.00
		All other counties	340.00	160.15	500.15
		Individual with one EP King, Kitsap, Pierce, Snohomish, Thurston Counties	510.00	22.00	532.00
		Individual with one EP All other counties	510.00	None	510.00
	Z	All	340.00 [3]	None	340.00 [3]
B	C	All	226.67 [1]	5.81	232.48
	F	Individual w/Ineligible Spouse	226.67 [1]	119.63	346.30
		Individual living with one EP	340.00 [2]	6.30	346.30
	Z	Individual living with more than one EP	226.67 [1 3]	None	226.67 [3]
C	A	King, Kitsap, Pierce, Snohomish, Thurston Counties	340.00	28.00	368.00
		All other counties	340.00	7.55	347.55
D	Z	All	25.00 [5]	None [4]	25.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents the FBR plus EP increment less VTR.

[3] Plus increment for each EP, if appropriate.

[4] Individuals/each member of a couple with income of $45.00 or less will receive a $11.62 State-administered supplement. Individuals/each member of a couple with income making them ineligible for SSI payments will be allowed to keep $36.62/month for personal expenses.

[5] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	King, Kitsap, Pierce, Snohomish, Thurston Counties	510.00	22.00	532.00
		All other counties	510.00	None	510.00
	Z	All	510.00 [2]	None	510.00 [2]
B	C	All	340.00 [1]	6.30	346.30
	Z	All	340.00 [2]	None	340.00 [2]
D	Z	All	50.00 [4]	None [3]	50.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Plus increment for each EP, if appropriate.

[3] Individuals/each member of a couple with income of $45.00 or less will each receive a $11.62 State-administered supplement. Individuals/each member of a couple with income making them ineligible for SSI payments will be allowed to keep $36.62/month for personal expenses.

[4] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

WISCONSIN

Definitions of State Living Arrangement Variations

Code	*Definition*
A	Living in own household or living in a private medical treatment facility and receiving 50 percent or less of the cost of care from title XIX. This variation also includes nonmedical institutions. Optional supplement code A is the proper code to be used with an "intervening" Federal A code. (See SM 01301.535.)
B	Living in household of another.
C	Living in own household with ineligible spouse.
D	Living in household of another with ineligible spouse.
E	Effective February 1, 1984, the E supplement is payable to the physically disabled, the blind, and to alcohol and drug abusers. It is no longer limited to substitute care. It can be certified for natural residential settings (supportive living arrangements). (Prior to February 1, 1984, the E supplement was payable only to the aged, developmentally disabled, or chronically mentally ill residing in substitute care facilities.) Eligibility is based on certification, on an individual basis, by the State.
F	Living in own household with EP (not a spouse).
G	Living in household of another with EP (not a spouse).
H	Living in own household with ineligible spouse who is an EP.
I	Living in household of another with ineligible spouse who is an EP.
Y	Optional Supplementation Waived—This code designates that the individual is eligible for, but has waived his/her right to receive, an optional supplement.
Z	No Supplement Cases—No supplement cases include recipients in title XIX facilities where Medicaid pays more than 50 percent of the cost of care, recipients in medical facilities not certified under title XIX, and residents of publicly operated emergency shelters throughout a month.

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1988
Wisconsin

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	354.00	102.72	456.72
	C	All	354.00	154.08	508.08
	F	All	531.00 [3]	102.72	633.72
	H	All	531.00 [3]	154.08	685.08
	E	All	354.00	203.16	557.16
B	B	All	236.00 [1]	102.72	338.72
	D	All	236.00 [1]	154.08	390.08
	G	All	354.00 [3]	102.72	456.72
	I	All	354.00 [3]	154.08	508.08
C	A	All	354.00	102.72	456.72
	F	All	531.00 [3]	102.72	633.72
D	Z	All	25.00 [4]	None	25.00

[1] Not an FBR; the amount represents the FBR less VTR.
[2] Not an FBR; the amount represents the FBR plus EP increment less VTR.
[3] Not an FBR; the amount represents the FBR plus EP increment.
[4] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	532.00	165.86	697.86
	F	All	709.00 [3]	165.86	874.86
	E	All	532.00	519.02	1,051.02
B	B	All	354.67 [1]	165.86	520.53
	G	All	472.67 [2]	165.86	638.53
D	Z	All	50.00 [4]	None	50.00

[1] Not an FBR; the amount represents the FBR less VTR.
[2] Not an FBR; the amount represents the FBR plus EP increment less VTR.
[3] Not an FBR; the amount represents the FBR plus EP increment.
[4] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

CODING AND MONTHLY PAYMENT LEVELS
Effective April 1, 1987
Wisconsin

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	340.00	102.72	442.72
	C	All	340.00	154.08	494.08
	F	All	510.00 [3]	102.72	612.72
	H	All	510.00 [3]	154.08	664.08
	E	All	340.00	203.16	543.16
B	B	All	226.67 [1]	102.72	329.39
	D	All	226.67 [1]	154.08	380.75
	G	All	340.00 [3]	102.72	442.72
	I	All	340.00 [3]	154.08	494.08
C	A	All	340.00	102.72	442.72
	F	All	510.00 [3]	102.72	612.72
D	Z	All	25.00 [4]	None	25.00

[1] Not an FBR; the amount represents the FBR less VTR.
[2] Not an FBR; the amount represents the FBR plus EP increment less VTR.
[3] Not an FBR; the amount represents the FBR plus EP increment.
[4] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	510.00	165.86	675.86
	F	All	680.00 [3]	165.86	845.86
	E	All	510.00	519.02	1,029.02
B	B	All	340.00 [1]	165.86	505.86
	G	All	453.34 [2]	165.86	619.20
D	Z	All	50.00 [4]	None	50.00

[1] Not an FBR; the amount represents the FBR less VTR.
[2] Not an FBR; the amount represents the FBR plus EP increment less VTR.
[3] Not an FBR; the amount represents the FBR plus EP increment.
[4] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1987
Wisconsin

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	340.00	101.70	441.70
	C	All	340.00	152.55	492.55
	F	All	510.00 [3]	101.70	611.70
	H	All	510.00 [3]	152.55	662.55
	E	All	340.00	201.15	541.15
B	B	All	226.67 [1]	101.70	328.37
	D	All	226.67 [1]	152.55	379.22
	G	All	340.00 [2]	101.70	441.70
	I	All	340.00 [2]	152.55	492.55
C	A	All	340.00	101.70	441.70
	F	All	510.00 [3]	101.70	611.70
D	Z	All	25.00 [4]	None	25.00

[1] Not an FBR; the amount represents the FBR less VTR.
[2] Not an FBR; the amount represents the FBR plus EP increment less VTR.
[3] Not an FBR; the amount represents the FBR plus EP increment.
[4] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	510.00	164.22	674.22
	F	All	680.00 [3]	164.22	844.22
	E	All	510.00	513.88	1,023.88
B	B	All	340.00 [1]	164.22	504.22
	G	All	453.34 [2]	164.22	617.56
D	Z	All	50.00 [4]	None	50.00

[1] Not an FBR; the amount represents the FBR less VTR.
[2] Not an FBR; the amount represents the FBR plus EP increment less VTR.
[3] Not an FBR; the amount represents the FBR plus EP increment.
[4] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

01415.020 Federally Administered Optional Supplementary Payment Programs—January 1989 Payment Levels

CALIFORNIA
DELAWARE
DISTRICT OF COLUMBIA
HAWAII
IOWA
MAINE
MASSACHUSETTS
MICHIGAN
MONTANA
NEVADA
NEW JERSEY
NEW YORK
PENNSYLVANIA
RHODE ISLAND
UTAH (Effective May 1, 1988)
VERMONT
WASHINGTON
WISCONSIN

CALIFORNIA

Definitions of State Living Arrangement Variations

Code	Definition
A	Independent Living with Cooking Facilities—Eligible individual or couple who: 1. Lives in his/her own household, as defined for Federal living arrangement "A" purposes, and has cooking and food storage facilities or is provided meals as part of the living arrangement; or 2. Is a patient in a certified private medical facility where title XIX does *not* pay more than 50 percent of the cost of care; or 3. Is a blind child under age 18 living in the household of a parent or parents or is a disabled child age 18 or over who meets sharing criteria and is living in the household of a parent or parents; or 4. Is a blind individual who lives in an independent living arrangement with or without cooking and food storage facilities; or 5. Effective July 1, 1983, lives in a private medical facility licensed by the State but not certified under title XIX. (An optional supplement "A" payment based on the new instructions is payable retroactively to July 1, 1983.)
B	Nonmedical Out-of-Home Care (NMOHC)—Applies when an individual/couple needs nonmedical care or supervision in the following living arrangement situations: CHILDREN (UNDER AGE 18) 1. Blind child residing in a State licensed NMOHC facility; or 2. Blind child residing in the home of a relative who is not a parent and not a legal guardian; or 3. Disabled child residing in a State licensed NMOHC facility; or 4. Effective October 1, 1979, disabled child residing in the home of a legal guardian who is not a relative; or 5. Effective January 1, 1984, disabled child residing in the home of a relative who is not a parent (*Major* v. *McMahon* decision, reopening a prior decision to pay OS B under this definition may be retroactive to January 1, 1984, see GN 04070.120); or 6. A blind or disabled child in a "certified family" home approved by a licensed home-finding agency ("certified family home placement"); or 7. For periods prior to July 1, 1983 only, a blind or disabled child placed in any home or State licensed NMOHC facility as the result of a court order; or ADULTS (AGE 18 AND OVER) 8. Aged, blind or disabled individual/couple has been determined to be in FLA A and resides in the home of a relative, legal conservator or guardian; or 9. Aged, blind or disabled individual/couple has been determined to be in FLA A and resides in a State licensed NMOHC facility. For California optional supplement purposes, a relative is defined as a parent, son, daughter, brother, sister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person of the preceding generation denoted by the prefix "grand" or "great."
C	Independent Living Without Cooking Facilities—Aged disabled individual/couple who is neither provided any meals nor has access to adequate cooking/food storage facilities as part of a living arrangement. This living arrangement applies to disabled children living with parent(s)

Code **Definition**

or other individuals who are neither provided meals nor allowed access to adequate cooking/food storage facilities. Transients, as defined in SI 00835.060, are also eligible for OS C.

1. An individual/couple qualifies for OS C if any of the following situations exists:

   a. Immediate living quarters do not have cooking and food storage facilities with which the individual/couple or another person (who is responsible for preparing the individual/couple's meals) can prepare meals on a daily basis.

   b. Does *not* have access to adequate cooking and food storage facilities as part of the living arrangement (including cooking and food storage facilities which are outside the immediate living quarters) for the purpose of preparing meals or having them prepared on their behalf.

   c. Lives in a boarding house that does *not* have a communal kitchen with adequate cooking and food storage facilities to which they have access for preparation of meals.

   d. Lives with friends or relatives in private living quarters in the same house or in separate living quarters (for example, "over the garage") or in a similar situation and does *not* have access to the cooking and food storage facilities in the main residence for preparation of meals.

   e. Lives in a room and board facility and does *not* contract with the facility to have meals prepared and provided as part of the living arrangement (for example, the SSI applicant/recipient's arrangement with the facility is to purchase only shelter on a monthly basis).

2. "Adequate" cooking and food storage facilities exist when an individual/couple has access to:

   a. Both a working refrigerator or icebox *and* a stove without a working oven but with at least two working burners. (The capacity of the refrigerator or icebox is not a factor of consideration. An ice chest is *not* considered adequate storage.)

   OR

   b. Both a working refrigerator or icebox *and* a hotplate with at least two burners with separate temperature controls, or two one-burner hotplates with temperature controls. (Hotplates without temperature controls which are used for warming food are *not* considered adequate cooking facilities.)

   OR

   c. Both a working refrigerator or icebox *and* a stove with a working oven or functioning microwave oven in combination with at least one working burner on a stove or a one-burner hotplate with a temperature control.

3. Eligibility for OS C begins in the month the applicant/recipient applies for this supplement rate provided he/she has been without cooking and food storage facilities throughout the month.

   NOTE: *For purposes of OS C, "throughout a month" does not mean the applicant/recipient must lack adequate cooking/food storage facilities from the very first moment of the month. He/she need only lack them from some time on the first day of the month.*

4. If eligibility is based on temporary loss or nonfunctioning of an appliance, the individual should be advised of his/her responsibility to report immediately when the temporary condition has ceased. If the individual provides an expected date when the appliance will be replaced/repaired, diary the case for recontact.

5. Eligibility for this supplement payment ceases the month following the month in which meals are provided or adequate cooking and food storage facilities are available.

6. For a couple, comprised of an aged/disabled individual and a blind individual, whose living arrangement lacks adequate cooking and storage facilities, the couple is to receive the SSI/SSP level for a blind/aged or disabled couple plus the restaurant meals allowance for the disabled member of the couple. Force payment in this living arrangement is required.

Code	Definition
D	Living in the Household of Another—Eligible individual/couple is living in the household of another and is receiving food *and* shelter from that individual. Most individuals/couples who are subject to a 1/3 reduction of their Federal SSI payments (VTR) are eligible for OS D because the criteria for this supplement level are the same as for charging the VTR. However, when the eligible individual/couple lives in the home of a relative (other than a spouse) and needs care and supervision, certification for nonmedical out-of-home care (OS F) should be obtained from the county welfare office since this is the highest categorical supplement for which an individual/couple can qualify.
E	Disabled Child Under Age 18—Disabled (not blind) child under age 18 who resides with a parent or relative by blood or marriage. (Until September 30, 1979, a disabled child under age 18 living with a legal guardian also fell into this category.) NOTE: *Effective February 1, 1982, only FLA A and C are compatible with OS E. If the VTR applies, see subsection G. below.*
F	Nonmedical Out-of-Home Care Living in the Household of Another—Effective February 1, 1982. Applies whenever an eligible individual or couple meets the criteria for the nonmedical out-of-home care payment rate, and is determined to receive the Federal B payment for living in the household of another (SI 00835.200).
G	Disabled Child Under Age 18 Living in the Household of Another—Effective February 1, 1982. Applies to a disabled (not blind) child under age 18, who resides with a parent or relative by blood or marriage, *and* is determined to receive the Federal B payment for living in the household of another individual (SI 00835.200).
J	Effective July 1, 1987, the State elected Federal adminstration of an optional State supplementary payment to residents of title XIX facilities. This State code is also used to supplement section 1619 cases.
Y	Optional Supplementation Waived—Individual is eligible for, but has waived his/her right to receive, an optional supplement.
Z	No Supplement Cases—Eligible individual or couple who is a patient: 1. In a medical facility where title XIX pays more than 50 percent of the costs; or 2. In a private medical facility which is not certified under title XIX and not licensed by the State (effective July 1, 1983). (Prior to July 1, 1983, the facility could have been licensed by the State but not certified under title XIX.) Includes residents of publicly operated emergency shelters throughout a month. NOTE: *California is a concurrent category State and permits SSI recipients to receive the highest categorical supplement for which they can qualify.*

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1989
California

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	Aged	368.00	234.00	602.00
		Blind	368.00	305.00	673.00
		Disabled	368.00	234.00	602.00
	B	All	368.00	310.00	678.00
	C	Aged	368.00	299.00	667.00
		Disabled	368.00	299.00	667.00
	E	Disabled	368.00	109.00	477.00
	Z	All	368.00	None	368.00
B	D	Aged	245.34 [1]	234.00	479.34
		Blind	245.34 [1]	305.00	550.34
		Disabled	245.34 [1]	234.00	479.34
	F	All	245.34 [1]	310.00	555.34
	G	Disabled	245.34 [1]	109.00	354.34
C	A	Blind	368.00	305.00	673.00
	C	Disabled	368.00	299.00	667.00
	E	Disabled	368.00	109.00	477.00
D	J	All	30.00 [2]	10.00	40.00

[1] Not an FBR; the amount represents the FBR less VTR.
[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	Aged/Aged	553.00	563.00	1,116.00
		Blind/Blind	553.00	759.00	1,312.00
		Disabled/Disabled	553.00	563.00	1,116.00
		Aged/Blind	553.00	759.00	1,312.00
		Aged/Disabled	553.00	563.00	1,116.00
		Blind/Disabled	553.00	759.00	1,312.00
	B	All	553.00	803.00	1,356.00
	C	Aged/Aged	553.00	693.00	1,246.00
		Disabled/Disabled	553.00	693.00	1,246.00
		Aged/Disabled	553.00	693.00	1,246.00
	Z	All	553.00	None	553.00
B	D	Aged/Aged	368.67 [1]	563.00	931.67
		Blind/Blind	368.67 [1]	759.00	1,127.67
		Disabled/Disabled	368.67 [1]	563.00	931.67
		Aged/Blind	368.67 [1]	759.00	1,127.67
		Aged/Disabled	368.67 [1]	563.00	931.67
		Blind/Disabled	368.67 [1]	759.00	1,127.67
	F	All	368.67 [1]	803.00	1,171.67
D	J	All	60.00 [2]	20.00 [2]	80.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

DELAWARE

Definitions of State Living Arrangement Variations

Code	Definition
A	Adult Residential Care Facility—Only living arrangement variation in Delaware and includes only those recipients who are certified by the State medical unit as residents of an adult care facility.
Y	Optional Supplementation Waived—Individual is eligible for, but has waived his/her right to receive, an optional supplement.
Z	No Supplement Cases—All recipients who are not included in A or Y.

Optional supplementation code Z is the proper code to be used with an "intervening" Federal A code. (See SM 01301.535.)

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1989
Delaware

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	368.00	140.00	508.00
	Z	All	368.00	None	368.00
B	Z	All	245.34 [1]	None	245.34
C	Z	All	368.00	None	368.00
D	Z	All	30.00 [2]	None	30.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	553.00	448.00	1,001.00
	Z	All	553.00	None	553.00
B	Z	All	368.67 [1]	None	368.67
D	Z	All	60.00 [2]	None	60.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

DISTRICT OF COLUMBIA

Definitions of State Living Arrangement Variations

Code	Definition
A	Adult Foster Care Home with 50 or Fewer Residents—Recipients who are certified by the District of Columbia, Department of Human Services, as residents of an adult foster care home with 50 or fewer residents.
B	Adult Foster Care Home with More than 50 Residents—Recipients who are certified by the District of Columbia, Department of Human Services, as residents of an adult foster care home with more than 50 residents.
C	Independent Living—Recipients in Federal living arrangements A and C not meeting the definition of another variation and not excluded as a no supplement case. This variation also includes residents of publicly operated emergency shelters throughout a month. Optional supplement code C is the proper code to be used with an "intervening" Federal A code. (See SM 01301.535.) This State code is also used to supplement Section 1619 cases.
D	Living in the Household of Another—Recipients who are "living in the household of another" for Federal purposes.
E	Independent Living with an Essential Person (EP)—Recipients in State living arrangement C but with an EP.
F	Living in the Household of Another with an EP—Recipients in State living arrangement D but with an EP.
G	Effective January 1, 1988, the State elected Federal administration of an optional State supplementary payment to residents of title XIX facilities.
Y	Optional Supplementation Waived—Individual is eligible for, but has waived his/her right to receive, an optional supplement.
Z	No Supplement Cases—Recipients in a title XIX facility where Medicaid pays more than 50 percent of the cost of the care.

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CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1989
District of Columbia

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	368.00	147.20	515.20
	B	All	368.00	257.20	625.20
	C	All	368.00	15.00	383.00
	E	All	552.00 [3]	15.00	567.00
B	D	All	245.34 [1]	15.00	260.34
	F	All	368.00 [2]	15.00	383.00
C	C	All	368.00	15.00	383.00
D	G	All	30.00 [4]	30.00	60.00

[1] Not an FBR; the amount represents the FBR less VTR.
[2] Not an FBR; the amount represents the FBR plus essential person (EP) increment less VTR.
[3] Not an FBR; the amount represents the FBR plus EP increment.
[4] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	553.00	477.40	1,030.40
	B	All	553.00	697.40	1,250.40
	C	All	553.00	30.00	583.00
	E	All	737.00 [3]	30.00	767.00
B	D	All	368.67 [1]	30.00	398.67
	F	All	491.34 [2]	30.00	521.34
D	G	All	60.00 [4]	60.00	120.00

[1] Not an FBR; the amount represents the FBR less VTR.
[2] Not an FBR; the amount represents the FBR plus EP increment less VTR.
[3] Not an FBR; the amount represents the FBR plus EP increment.
[4] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

HAWAII

Definitions of State Living Arrangement Variations

Code	Definition
A	Independent Living—Eligible individual or couple who: 1. Lives in his/her own household as defined for Federal living arrangement A purposes. This includes living in a "half-way house," which is a private nonmedical facility with whom the State has a purchase or services agreement for the short term care of certain needy individuals; or 2. Is a patient in a certified private medical facility where title XIX does *not* pay more than 50 percent of the cost of care; or 3. Is a blind or disabled child under age 18 (or age 21 if the individual qualifies as a "protected child") living in the household of a parent or parents. Optional supplement code A is the proper code to be used with an "intervening" Federal A code. (See SM 01301.535.) This State code is also used to supplement Section 1619 cases.
B	Living in the Household of Another—Effective July 1, 1983, a supplement is no longer payable because the combined Federal/State supplementary payment level established by the State is lower than the FBR.
F	Domiciliary Care I—Eligible individual (including a child) or couple living in a domiciliary care facility which provides varying levels of care and services. A domiciliary care facility is a private, nonmedical facility established and maintained to provide personal care and services to aged, infirm, or handicapped persons. (Hawaii has established three levels of supplementary payments based on the level of care as defined by the State (levels I, II, and III). The level of care refers to the kinds of services and care provided an individual. Each of the levels of care may be provided in a single facility.) The State provides SSA with listings of these facilities and certifies that "level I" care is provided to these recipients.
G	Domiciliary Care II—Same as F except "level II" care is provided.
H	Domiciliary Care III—Same as F except "level III" care is provided.
Y	Optional Supplementation Waived—Eligible for, but has waived his/her right to receive, an optional supplement.
Z	No Supplement Cases—Eligible individual (or couple) who is living in the household of another (see explanation in definition for optional supplement B) and an eligible individual (or couple) who is a patient: 1. In a medical facility where title XIX pays more than 50 percent of the costs; or 2. In a private medical facility which is not certified under title XIX. Also includes residents of publicly operated emergency shelters throughout a month.

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1989
Hawaii

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	368.00	4.90	372.90
	F	All	368.00	194.90	562.90
	G	All	368.00	244.90	612.90
	H	All	368.00	306.90	674.90
B	Z	All	245.34 [1]	None	245.34
C	A	All	368.00	4.90	372.90
D	Z	All	30.00 [2]	None	30.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	553.00	8.80	561.80
	F	All	553.00	572.80	1,125.80
	G	All	553.00	672.80	1,225.80
	H	All	553.00	796.80	1,349.80
B	Z	All	368.67 [1]	None	368.67
D	Z	All	60.00 [2]	None	60.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

CODING AND MONTHLY PAYMENT LEVELS
Effective July 1, 1988
Hawaii

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	354.00	4.90	358.90
	F	All	354.00	194.90	548.90
	G	All	354.00	244.90	598.90
	H	All	354.00	306.90	660.90
B	Z	All	236.00 [1]	None	236.00
C	A	All	354.00	4.90	358.90
D	Z	All	30.00 [2]	None	30.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	532.00	8.80	540.80
	F	All	532.00	565.80	1,097.80
	G	All	532.00	665.80	1,197.80
	H	All	532.00	789.80	1,321.80
B	Z	All	354.67 [1]	None	354.67
D	Z	All	60.00 [2]	None	60.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

IOWA

Definitions of State Living Arrangement Variations

Code	Definition
A	Living in Own Household (Blind Only)—*Only an eligible blind individual and the blind member of a couple* who does not live in any other State living arrangement variation, does not have an EP, and is not otherwise excepted from supplementation. Also included are *blind* recipients in title XIX facilities where Medicaid pays 50 percent or less of the cost of care. Optional supplement code A is also compatible with Federal codes A and C. Optional supplement code A is the proper code to be used with an "intervening" Federal A code. (See SM 01301.535.)
B	Living in the Household of Another (Blind Only)—*Only an eligible blind individual and the blind member of a couple* who does not live in any other State living arrangement variation, lives in the household of another for Federal purposes, does not have an EP, and is not otherwise excepted from supplementation.
C/H	Living with a Dependent Person—Eligible individual or each member of an eligible couple in Federal living arrangement A, B, or C who has an ineligible spouse, parent, child, or adult child living in the home with him or her, and who is financially dependent upon the eligible individual as defined by the State Department of Human Services. The payment level for this variation is increased by $22 for each blind individual or blind member of a couple to reflect the categorical blind supplement.
D/I	Living in a Family Life or Boarding Homes—Eligible individual or each member of an eligible couple in Federal living arrangement A or B who resides in a family life home or boarding home licensed by the State Department of Health or certified by the State Department of Human Services.
G	Used to indicate that no supplement is payable to a recipient living in a title XIX facility and title XIX pays more than 50 percent of the cost of care; however, a Federal D living arrangement is not appropriate because the "throughout a month" requirement is not met at the time initial claims input is made.
Y	Optional Supplementation Waived—Individual is eligible for, but has waived his/her right to receive, an optional supplement.
Z	No Supplement Cases—Residents of publicly operated emergency shelters throughout a month and aged and disabled recipients living in their own households or living in the households of others. No supplement also applies to all recipients living in medical facilities not certified under title XIX or all recipients whose Federal payments are reduced to $25/$50 due to living in a title XIX facility. In addition, aged and disabled recipients whose Federal payments are not reduced and who live in a title XIX facility where Medicaid pays 50 percent or less of the cost of care do not receive a supplement. NOTE: *The State Department of Human Services administers two optional supplementation programs—In-Home Health Related Care and Residential Care.*

NOTE: *Iowa is a concurrent category State and permits SSI recipients to receive the highest categorical supplement for which they can qualify.*

Blind recipients (either individuals or member of a couple) whose records include an EP have a supplementary payment level that includes $22 for each individual in addition to the Federal FBR and EP increment and must be force paid.

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1989
Iowa

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	Blind	368.00	22.00	390.00
	C	Aged	368.00	184.00	552.00
		Blind	368.00	206.00	574.00
		Disabled	368.00	184.00	552.00
	D	All	368.00	62.20	430.20
	G	All	368.00	None	368.00
	Z	Aged	368.00	None	368.00
		Disabled	368.00	None	368.00
B	B	Blind	245.34 [1]	22.00	267.34
	H [3]	Aged	245.34 [1]	184.00	429.34
		Blind	245.34 [1]	206.00	451.34
		Disabled	245.34 [1]	184.00	429.34
	I [3]	All	245.34 [1]	62.20	307.54
	Z	Aged	245.34 [1]	None	245.34
		Disabled	245.34 [1]	None	245.34
C	A	Blind	368.00	22.00	390.00
	C	Blind	368.00	206.00	574.00
		Disabled	368.00	184.00	552.00
	Z	Disabled	368.00	None	368.00
D	Z	All	30.00 [2]	None	30.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

[3] Old FLA/OS codes B/C and B/D were changed to B/H and B/I to make them compatible with the RMA policy computation process.

NOTE:

State-administered programs:

(1) Individuals receiving "Residential Care" receive payment based on a per diem rate of $12.35 up to $17.28 per day plus a personal allowance of $44.00 per month.

(2) Individuals receiving "In-Home Health Care" receive a payment based on actual cost of in-home health care plus basic Federal benefits. The maximum payment for care in in-home related care is $343.60.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	Blind/Blind	553.00	44.00	597.00
		Blind/Aged	553.00	22.00	575.00
		Blind/Disabled	553.00	22.00	575.00
	C	Aged/Aged	553.00	184.00	737.00
		Blind/Blind	553.00	228.00	781.00
		Disabled/Disabled	553.00	184.00	737.00
		Aged/Blind	553.00	206.00	759.00
		Aged/Disabled	553.00	184.00	737.00
		Blind/Disabled	553.00	206.00	759.00
	D	All	553.00	327.40	880.40
	G	All	553.00	None	553.00
	Z	Aged/Aged	553.00	None	553.00
		Disabled/Disabled	553.00	None	553.00
		Aged/Disabled	553.00	None	553.00
B	B	Blind/Blind	368.67 [1]	44.00	412.67
		Blind/Aged	368.67 [1]	22.00	390.67
		Blind/Disabled	368.67 [1]	22.00	390.67
	H [3]	Aged/Aged	368.67 [1]	184.00	552.67
		Blind/Blind	368.67 [1]	228.00	596.67
		Disabled/Disabled	368.67 [1]	184.00	552.67
		Aged/Blind	368.67 [1]	206.00	574.67
		Aged/Disabled	368.67 [1]	184.00	552.67
		Blind/Disabled	368.67 [1]	206.00	574.67
	I [3]	All	368.67 [1]	327.40	696.07
	Z	Aged/Aged	368.67 [1]	None	368.67
		Disabled/Disabled	368.67 [1]	None	368.67
		Aged/Disabled	368.67 [1]	None	368.67
D	Z	All	60.00 [2]	None	60.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

[3] Old FLA/OS codes B/C and B/D were changed to B/H and B/I to make them compatible with the RMA policy computation process.

NOTE:

State-administered programs:

(1) Individuals receiving "Residential Care" receive payment based on a per diem rate of $12.35 up to $17.28 per day plus a personal allowance of $44.00 per month.

(2) Individuals receiving "In-Home Health Care" receive a payment based on actual cost of in-home health care plus basic Federal benefits. The maximum payment for care in in-home related care is $343.60. (Members of a couple are treated as individuals.)

MAINE

Definitions of State Living Arrangement Variations

Code	Definition
A	Living Alone/Living With Others—Individual living in his/her own household with no other person except an ineligible spouse. A household can be a single family house, apartment, rented room, trailer, or any other dwelling. An eligible couple living in their own household, as defined above, with no other person is in this living arrangement. A person residing in a medical treatment facility (SI 00520.190 A.) and not having more than 50 percent of the cost of care paid by Medicaid is in this variation. Also included is a person residing in a private-pay facility or private-pay portion of a licensed boarding home. An individual or eligible couple living with other persons, not deemed to be "living in the household of another," is living with others. This State code is also used to supplement Section 1619 cases.
C	Living in the Household of Another—Has the same meaning for the purposes of determining optional supplement living arrangements as in the Federal living arrangement "living in the household of another."
D	Living in a Foster Home—Persons residing in an adult foster home or in a children's boarding home with foster parents, as identified by the State.
E	Living in a Flat Rate Boarding Home—Persons residing in a boarding home which is not reimbursed, based on cost, all of which or that portion in which they are living, is licensed by and has a provider agreement with the State for a flat rate; also included in this living arrangement are those people residing in a group 24-hour facility or a child caring institution, as identified by the State.
G	Living in a Cost-Reimbursement Boarding Home—Persons residing in a boarding home, all of which or that portion in which they are living is licensed by and has a provider agreement to be reimbursed by the State of Maine as a cost reimbursed boarding home.
H	Effective July 1, 1987, the State elected Federal administration of an optional State supplementary payment to residents of title XIX facilities.
Y	Optional Supplementation Waived—Individual is eligible for, but has waived his/her right to receive, an optional supplement.
Z	No Supplement Cases—Recipients in a title XIX facility receiving more than half their support from Medicaid and residents of publicly operated emergency shelters throughout a month. Recipients having an EP are not supplemented regardless of their optional supplement category.

NOTE: *Effective July 1, 1987, a new OS code H was activated to allow for the Federal adminsitration of an optional State supplementary payment to Federal living arrangement code D cases.*

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1989
Maine

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A [1]	A	All	368.00	10.00	378.00
	D	All	368.00	56.00	424.00
	E	All	368.00	165.00	533.00
	G	All	368.00	234.00	602.00
	Z	All	368.00	None	368.00
B [1]	C	All	245.34 [2]	8.00	253.34
D [1]	H	All	30.00 [3]	10.00	40.00

[1] An individual converted with an EP receives the appropriate Federal payment and the EP increment, but receives no supplementary payment.

[2] Not an FBR; the amount represents the FBR less VTR.

[3] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A [1]	A	All	553.00	15.00	568.00
	D	All	553.00	288.00	841.00
	E	All	553.00	506.00	1,059.00
	G	All	553.00	644.00	1,197.00
	Z	All	553.00	None	553.00
B [1]	C	All	368.67 [2]	12.00	380.67
D [1]	H	All	60.00 [3]	20.00	80.00

[1] An individual converted with an EP receives the appropriate Federal payment and the EP increment, but receives no supplementary payment.

[2] Not an FBR; the amount represents the FBR less VTR.

[3] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Maine State Income Disregards.

State Living Arrangement	Individual	Member of Couple
A.	$55.00	$40.00

CODING AND MONTHLY PAYMENT LEVELS
Effective July 1, 1988
Maine

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A [1]	A	All	354.00	10.00	364.00
	D	All	354.00	56.00	410.00
	E	All	354.00	165.00	519.00
	G	All	354.00	234.00	588.00
	Z	All	354.00	None	354.00
B [1] [2]	C	All	236.00 [2]	8.00	244.00
D [1]	H	All	30.00 [3]	10.00	40.00

[1] An individual converted with an EP receives the appropriate Federal payment and the EP increment, but receives no supplementary payment.

[2] Not an FBR; the amount represents the FBR less VTR.

[3] Not an FBR, the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A [1]	A	All	532.00	15.00	547.00
	D	All	532.00	288.00	820.00
	E	All	532.00	506.00	1,038.00
	G	All	532.00	644.00	1,176.00
	Z	All	532.00	None	532.00
B [1]	C	All	354.67 [2]	12.00	366.67
D [1]	H	All	60.00 [3]	20.00	80.00

[1] An individual converted with an EP receives the appropriate Federal payment and the EP increment, but receives no supplementary payment.

[2] Not an FBR; the amount represents the FBR less VTR.

[3] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Maine State Income Disregards.

State Living Arrangement	Individual	Member of Couple
A.	$55.00	$40.00

MASSACHUSETTS

Definitions of State Living Arrangement Variations

Code	Definition
A	Full Cost-of-Living:

1. An individual who is in Federal living arrangement A is in State living arrangement A, if he/she is living in his/her own household[1] and is:

   a. Living alone—Individuals who live alone, who rent rooms in commercial rooming houses which openly advertise to the public and which do not provide board, or who live in a hotel. Also, those who rent only rooms in private residences will be considered living alone provided they do not use the residential kitchen facilities for preparation of meals; or

   b. Living only with his/her eligible spouse; or

   c. Living with his/her eligible spouse and ineligible child/children[2] none of whom (children) receive public income maintenance payments[3]; or

   d. Living only with his/her ineligible spouse and/or his/her ineligible child/children, none of whom (spouse and children) receive public income maintenance payments.

   NOTE: *For purposes of a. through d. above, foster children placed with anyone other than their parents are not considered to be living with the foster parent.*

2. An individual who is in Federal living arrangement C is in State living arrangement A if none of the other people with whom he/she is living receive public income maintenance payments.

3. An individual who is in Federal living arrangement A or C and who does not meet the criteria contained in 1. or 2. above will be in State living arrangement A if he/she pays at least two-thirds of the household expenses. In making a determination as to whether the individual pays two-thirds or more of the expenses, use the method defined in SI 00835.160. Only the household expenses shown in that section are to be used. An ineligible spouse's income (except any assistance based upon need) may be used to determine if the eligible person is paying two-thirds of the household expenses.

4. A person living in a public congregate housing development is in A. The State makes the determination that a public congregate housing development is eligible for listing.

Optional supplement code A is the proper code to be used with an "intervening" Federal A code. (See SM 01301.535.)

B — Shared Living Expenses—An individual who is in Federal living arrangement A or C and who does not meet the criteria listed for State living arrangement A or E is in State living arrangement B.

Those residing in group-care facilities such as halfway houses, private medical facilities where Medicaid is paying 50 percent or less of the cost of care, foster homes, commercial boarding homes, or other facilities which do not meet the criteria for living arrangement E or public congregate housing defined above. Also included are individuals placed under the auspices of the State adult foster care program and residents of publicly operated emergency shelters throughout a month.

An individual living in a household where all members receive public income maintenance payments unless he/she is paying at least two-thirds of the household expenses (A).

An individual living in a mixed household—i.e., a household where one or more other members receive a public income maintenance payment—also is included unless the individual is paying at least two-thirds of the household expenses (A).

C — Living in the Household of Another—Recipients determined under Federal rules to be living in the household of another and receiving support and maintenance which reduce the Federal benefit by one-third.

Code	Definition
E	Licensed Rest Home—Persons residing in a licensed rest home, all of which or that portion in which they are living is licensed by and has a provider agreement with the State. Does not include residents of a Medicaid certified portion of a rest home.
F	Effective July 1, 1987, the State elected Federal administration of an optional state supplementary payment to residents of title XIX facilities.
Y	Optional Supplementation Waived—Individual is eligible for, but has waived his/her right to receive, an optional supplement.
Z	No Supplement Cases—Recipients in a title XIX facility where Medicaid pays more than 50 percent of the cost.

NOTE: *Massachusetts is a concurrent category State and permits SSI recipients to receive the highest categorical supplement for which they can qualify.*

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[1] For purposes of determining State living arrangements, a commercial boarding house, foster home, or halfway house is not considered the person's household.

[2] Use the SSI definition of child. SI 00501.400.

[3] A public income maintenance payment is a payment from any of the following programs: Aid to Families with Dependent Children (AFDC), SSI, the Refugee Act of 1980, the Disaster Relief Act of 1974, general assistance programs of the Bureau of Indian Affairs, State or local government income maintenance programs that are based on need, or Veterans' Administration benefits based on need.

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1989
Massachusetts

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	Aged	368.00	128.82	496.82
		Blind	368.00	149.74	517.74
		Disabled	368.00	114.39	482.39
	B	Aged	368.00	39.26	407.26
		Blind	368.00	149.74	517.74
		Disabled	368.00	30.40	398.40
	E	Aged	368.00	171.58	539.58
		Blind	368.00	149.74	517.74
		Disabled	368.00	171.58	539.58
B	C	Aged	245.34 [1]	104.36	349.70
		Blind	245.34 [1]	272.40	517.74
		Disabled	245.34 [1]	87.58	332.92
C	A	Blind	368.00	149.74	517.74
		Disabled	368.00	114.39	482.39
	B	Blind	368.00	149.74	517.74
		Disabled	368.00	30.40	398.40
D	F	All	30.00 [2]	40.00	70.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	Aged/Aged	553.00	201.72	754.72
		Blind/Blind	553.00	482.48	1,035.48
		Disabled/Disabled	553.00	180.06	733.06
		Aged/Blind	553.00	342.10	895.10
		Aged/Disabled	553.00	190.89	743.89
		Blind/Disabled	553.00	331.27	884.27
	B	Aged/Aged	553.00	201.72	754.72
		Blind/Blind	553.00	482.48	1,035.48
		Disabled/Disabled	553.00	180.06	733.06
		Aged/Blind	553.00	342.10	895.10
		Aged/Disabled	553.00	190.89	743.89
		Blind/Disabled	553.00	331.27	884.27
	E	Aged/Aged	553.00	505.16	1,058.16
		Blind/Blind	553.00	482.48	1,035.48
		Disabled/Disabled	553.00	505.16	1,058.16
		Aged/Blind	553.00	493.82	1,046.82
		Aged/Disabled	553.00	505.16	1,058.16
		Blind/Disabled	553.00	493.82	1,046.82
B	C	Aged/Aged	368.67 [1]	215.80	584.47
		Blind/Blind	368.67 [1]	666.80	1,035.47
		Disabled/Disabled	368.67 [1]	194.18	562.85
		Aged/Blind	368.67 [1]	441.30	809.97
		Aged/Disabled	368.67 [1]	204.99	573.66
		Blind/Disabled	368.67 [1]	430.49	799.16
D	F	All	60.00 [2]	80.00	140.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

CODING AND MONTHLY PAYMENT LEVELS
Effective July 1, 1988
Massachusetts

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	Aged	354.00	128.82	482.82
		Blind	354.00	149.74	503.74
		Disabled	354.00	114.39	468.39
	B	Aged	354.00	39.26	393.26
		Blind	354.00	149.74	503.74
		Disabled	354.00	30.40	384.40
	E	Aged	354.00	171.58	525.58
		Blind	354.00	149.74	503.74
		Disabled	354.00	171.58	525.58
B	C	Aged	236.00 [1]	104.36	340.36
		Blind	236.00 [1]	267.74	503.74
		Disabled	236.00 [1]	87.58	323.58
C	A	Blind	354.00	149.74	503.74
		Disabled	354.00	114.39	468.39
	B	Blind	354.00	149.74	503.74
		Disabled	354.00	30.40	384.40
D	F	All	30.00 [2]	40.00	70.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	Aged/Aged	532.00	201.72	733.72
		Blind/Blind	532.00	475.48	1,007.48
		Disabled/Disabled	532.00	180.06	712.06
		Aged/Blind	532.00	338.60	870.60
		Aged/Disabled	532.00	190.89	722.89
		Blind/Disabled	532.00	327.77	859.77
	B	Aged/Aged	532.00	201.72	733.72
		Blind/Blind	532.00	475.48	1,007.48
		Disabled/Disabled	532.00	180.06	712.06
		Aged/Blind	532.00	338.60	870.60
		Aged/Disabled	532.00	190.89	722.89
		Blind/Disabled	532.00	327.77	859.77
	E	Aged/Aged	532.00	505.16	1,037.16
		Blind/Blind	532.00	475.48	1,007.48
		Disabled/Disabled	532.00	505.16	1,037.16
		Aged/Blind	532.00	490.32	1,022.32
		Aged/Disabled	532.00	505.16	1,037.16
		Blind/Disabled	532.00	490.32	1,022.32
B	C	Aged/Aged	354.67 [1]	215.80	570.47
		Blind/Blind	354.67 [1]	652.80	1,007.47
		Disabled/Disabled	354.67 [1]	194.18	548.85
		Aged/Blind	354.67 [1]	434.30	788.97
		Aged/Disabled	354.67 [1]	204.99	559.66
		Blind/Disabled	354.67 [1]	423.49	778.16
D	F	All	60.00 [2]	80.00	140.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

MICHIGAN

Definitions of State Living Arrangement Variations

Code	Definition
A	Independent Living—Recipients not living in the household of another, not having an EP, and not meeting the definition of another variation. (Children under 18 are included effective April 1, 1978.) It also includes recipients residing in a title XIX facility where Medicaid is not paying more than 50 percent of the cost of care and residents of publicly operated emergency shelters throughout a month. Optional supplement code A is the proper code to be used with an "intervening" Federal A code. (See SM 01301.535.)
B	Living in the Household of Another—Recipients with no EP who are "living in the household of another" for Federal purposes. (Children under 18 are included effective April 1, 1978.)
D	Domiciliary Care—Recipients residing in licensed nonmedical facilities which provide room, board, and supervision. The State provides a list of these facilities and certifies which recipients are residents requiring this level of care.
E	Personal Care—Recipients residing in licensed nonmedical facilities which provide general supervision, physical care, and assistance in carrying out the basic activities of daily living. The State provides a list of these facilities and certifies which recipients are residents requiring this level of care.
F	Home for the Aged—Recipients residing in a nonmedical facility for the aged. The State provides SSA with a list of these facilities and certifies which recipients are residents requiring this level of care.
G	Independent Living with an EP—Recipients with an EP, not living in the household of another. (Children under 18 are excluded.)
H	Living in the Household of Another with an EP—Recipients with an EP and living in the household of another for Federal purposes. (Children under 18 are excluded.)
I	Effective January 1, 1988, the State elected Federal administration of an optional State supplementary payment to residents of title XIX facilities.
Y	Optional Supplementation Waived—Individual is eligible for, but has waived his/her right to receive, an optional supplement.
Z	No Supplement Cases—Recipients in title XIX facilities where Medicaid pays more than 50 percent of the cost of care and recipients in medical facilities not certified under title XIX.

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1989
Michigan

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	368.00	30.20	398.20
	D	All	368.00	87.00	455.00
	E	All	368.00	157.50	525.50
	F	All	368.00	179.30	547.30
	G	All	552.00 [3]	30.20	582.20
B	B	All	245.34 [1]	21.00	266.34
	H	All	368.00 [2]	21.00	389.00
C	A	Blind/Disabled	368.00	30.20	398.20
D	I	All	30.00 [4]	7.00	37.00

[1] Not an FBR; the amount represents the FBR less VTR.
[2] Not an FBR; the amount represents the FBR plus EP increment less VTR.
[3] Not an FBR; the amount represents the FBR plus EP increment.
[4] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	553.00	45.30	598.30
	D	All	553.00	357.00	910.00
	E	All	553.00	498.00	1,051.00
	F	All	553.00	541.60	1,094.60
	G	All	737.00 [3]	45.30	782.30
B	B	All	368.67 [1]	31.50	400.17
	H	All	491.34 [2]	31.50	522.84
D	I	All	60.00 [4]	14.00	74.00

[1] Not an FBR; the amount represents the FBR less VTR.
[2] Not an FBR; the amount represents the FBR plus EP increment less VTR.
[3] Not an FBR; the amount represents the FBR plus EP increment.
[4] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

CODING AND MONTHLY PAYMENT LEVELS
Effective May 1, 1988
Michigan

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	354.00	29.87	383.87
	D	All	354.00	87.00	441.00
	E	All	354.00	157.50	511.50
	F	All	354.00	179.30	533.30
	G	All	531.00 [3]	29.87	560.87
B	B	All	236.00 [1]	20.74	256.74
	H	All	354.00 [2]	20.74	374.74
C	A	Blind/Disabled	354.00	29.87	383.87
D	I	All	25.00 [4]	7.00	32.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents the FBR plus EP increment less VTR.

[3] Not an FBR; the amount represents the FBR plus EP increment.

[4] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	532.00	44.76	576.76
	D	All	532.00	350.00	882.00
	E	All	532.00	491.00	1,023.00
	F	All	532.00	534.60	1,066.60
	G	All	709.00 [3]	44.76	753.76
B	B	All	354.67 [1]	31.16	385.83
	H	All	472.67 [2]	31.16	503.83
D	I	All	50.00 [4]	14.00	64.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents the FBR plus EP increment less VTR.

[3] Not an FBR; the amount represents the FBR plus EP increment.

[4] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

MONTANA

Definitions of State Living Arrangement Variations

Code	Definition
G	State-Certified Personal Care
H	State-Certified Residence in Community Home for Mentally Disabled
I	State-Certified Residence in Community Home for Physically or Developmentally Disabled
J	State-Certified Residence for Child and Adult Foster Care
K	State-Certified Semi-Independent Care
Y	Optional Supplementation Waived—Individual is eligible for, but has waived his/her right to receive, an optional supplement.
Z	No Supplement Cases—Includes all individuals and couples not certified in State codes G, H, I, J, or K.

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1989
Montana

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	G	All	368.00	94.00	462.00
	H	All	368.00	94.00	462.00
	I	All	368.00	94.00	462.00
	J	All	368.00	52.75	420.75
	K	All	368.00	26.00	394.00
	Z	All	368.00	None	368.00
B	Z	All	245.34 [1]	None	245.34
C	Z	All	368.00	None	368.00
D	Z	All	30.00 [2]	None	30.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	G	All	553.00	193.00	746.00
	H	All	553.00	193.00	746.00
	I	All	553.00	193.00	746.00
	J	All	553.00	110.50	663.50
	K	All	553.00	57.00	610.00
	Z	All	553.00	None	553.00
B	Z	All	368.67 [1]	None	368.67
D	Z	All	60.00 [2]	None	60.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

NEVADA

Definitions of State Living Arrangement Variations

Code	Definition
A	Independent Living or Living in Parental Household—Aged or blind eligible individual or couple who: 1. Lives in his/her own household as defined for Federal living arrangement A purposes; or 2. Is a patient in a certified private medical facility where title XIX does *not* pay more than 50 percent of the cost of care; or 3. Is a blind child under age 18 (age 21 for individuals who qualify as a "protected child") living in a parent's household. Used with an "intervening" Federal A code. (See SM 01301.535.)
B	Living in the Household of Another—Aged or blind eligible individual or couple who is living in the household of another individual and receiving food *and* shelter from that individual. Aged or blind individuals or couples, who are subject to a one-third reduction of their Federal SSI payment, are eligible for optional supplement B because the criteria for this supplement level are the same as for Federal code B.
C	Domiciliary Care—Aged or blind eligible individual or couple who lives in a private nonmedical facility or, as of October 1976, a residential facility serving 16 or fewer persons, which provides personal care and services to aged, infirm, or handicapped adult persons who are unrelated to the proprietor. These facilities are licensed or authorized to receive payment by the State. The State provides SSA with listings of these facilities.
Y	Optional Supplementation Waived—Individual is eligible for, but has waived his/her right to receive, an optional supplement.
Z	No Supplement Cases—No supplement cases include: 1. Disabled eligible individuals or disabled members of eligible couples; or 2. Eligible individuals or members of eligible couples in a medical facility where title XIX pays more than 50 percent of the cost; or 3. Eligible individuals or members of eligible couples who are patients in a private medical facility which is not certified under title XIX; or 4. Residents of publicly operated emergency shelters throughout a month.

NOTE: *Nevada is a concurrent category State and permits SSI recipients to receive the highest categorical supplement for which they can qualify.*

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1989
Nevada

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	Aged	368.00	36.40	404.40
		Blind	368.00	109.30	477.30
	C	Aged	368.00	253.00	621.00
		Blind	368.00	253.00	621.00
	Z	Disabled	368.00	None	368.00
B	B	Aged	245.34 [1]	24.27	269.61
		Blind	245.34 [1]	213.96	459.30
	Z	Disabled	245.34 [1]	None	245.34
C	A	Blind	368.00	109.30	477.30
	Z	Disabled	368.00	None	368.00
D	Z	All	30.00 [2]	None	30.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	Aged/Aged	553.00	74.46	627.46
		Blind/Blind	553.00	374.60	927.60
		Aged/Blind	553.00	224.53	777.53
		Aged/Disabled	553.00	37.23	590.23
		Blind/Disabled	553.00	187.30	740.30
	C	Aged/Aged	553.00	662.00	1,215.00
		Blind/Blind	553.00	662.00	1,215.00
		Aged/Blind	553.00	662.00	1,215.00
		Aged/Disabled	553.00	331.00	884.00
		Blind/Disabled	553.00	331.00	884.00
	Z	Disabled	553.00	None	553.00
B	B	Aged/Aged	368.67 [1]	49.64	418.31
		Blind/Blind	368.67 [1]	531.94	900.61
		Aged/Blind	368.67 [1]	290.79	659.46
		Aged/Disabled	368.67 [1]	24.82	393.49
		Blind/Disabled	368.67 [1]	265.97	634.64
	Z	Disabled	368.67 [1]	None	368.67
D	Z	All	60.00 [2]	None	60.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

NEW JERSEY

Definitions of State Living Arrangement Variations

Code	Definition
A	Licensed Residential Health Care Facilities and Certain Licensed Residential Facilities—The State provides New Jersey District Offices with lists of approved facilities. Mentally retarded individuals must be placed and supervised by either the State Department of Youth and Family Services or the State Division of Mental Retardation.
B	Living Alone or with Others—Eligible individuals (including children) or eligible couples whose Federal living arrangements are A or C and who do not meet the requirements defined in other supplementation categories. Therefore, effective August 1, 1981, any eligible adult/couple who meets the requirement for a Federal A will be in optional supplement B unless residing in a residential health care facility or living alone with an ineligible spouse. Likewise, any child meeting the criteria for a Federal code C will automatically be entitled to optional supplement B. This category includes, but is not limited to, those eligible adults/couples who are: 1. Living physically alone; or 2. Living with others in a private dwelling, but meeting some criteria for Federal living arrangement A; or 3. Living in the Transitional Residency Program when the placement is through the Division of Mental Health and Hospitals, Department of Human Services Optional supplement code B is the proper code to be used with an "intervening" Federal A code. (See SM 01301.535.) This State code is also used to supplement Section 1619 cases.
C	Living Alone with an Ineligible Spouse—Used when an individual lives with his/her ineligible spouse and there are no other persons who are part of the household. An ineligible spouse for State supplementation purposes is determined by using Federal criteria; i.e., a spouse, either by marriage or holding out who is either not eligible for SSI or who chooses not to apply. The State uses this category to ensure that an individual with an ineligible spouse will receive the same total payment as an eligible couple or an individual with an EP. Once other persons, even minor children, are present in the household, this supplementary payment variation cannot exist. However, it is possible that a claimant and his/her ineligible spouse live with others and allege that they are a separate "household" by virtue of the fact that they eat their meals out or have separate purchase and preparation of food. In this instance, an optional supplement C is permissible as long as no other person is in their "household." There is no couple counterpart in this category. Parent(s) with minor children are always considered to be in the same household and therefore the presence of minor children in the household of an ineligible spouse would result in optional supplement B. A transient individual who co-exists only with an ineligible spouse will also qualify for the O/S - C rate.
D	Living in the Household of Another—Persons who are "living in the household of another" for Federal purposes.
G	Effective September 1, 1988, the State elected Federal administration of an optional State supplementary payment to residents of title XIX facilities.
Y	Optional Supplementation Waived—Individual is eligible for, but has waived his/her right to receive, an optional supplement.

Code	Definition
Z	No Supplement Cases—Individuals and couples in licensed medical facilities whether or not Medicaid is paying more than 50 percent of the cost of care, individuals and couples in publicly operated community residences having 16 or less residents, and residents of publicly operated emergency shelters throughout a month.

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1989
New Jersey

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	368.00	150.05	518.05
	B	All	368.00	31.25	399.25
	C	Individual	368.00	210.36	578.36
		w/EP	552.00 [2]	26.36	578.36
	Z	All	368.00	None	368.00
B	D	All	245.34 [1]	44.31	289.65
C	B	All	368.00	31.25	399.25
D	G	All	30.00 [3]	10.00	40.00

[1] Not an FBR; the amount represents the FBR less VTR.
[2] Not an FBR; the amount represents the FBR plus EP increment.
[3] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	553.00	464.36	1,017.36
	B	All	553.00	25.36	578.36
	Z	All	553.00	None	553.00
B	D	All	368.67 [1]	93.09	461.76
D	G	All	60.00 [2]	20.00	80.00

[1] Not an FBR; the amount represents the FBR less VTR.
[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

CODING AND MONTHLY PAYMENT LEVELS
Effective September 1, 1988
New Jersey

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	354.00	150.05	504.05
	B	All	354.00	31.25	385.25
	C	Individual	354.00	203.36	557.36
		w/EP	531.00 [2]	25.36	557.36
	Z	All	354.00	None	354.00
B	D	All	236.00 [1]	44.31	280.31
C	B	All	354.00	31.25	385.25
D	G	All	30.00 [3]	10.00	40.00

[1] Not an FBR; the amount represents the FBR less VTR.
[2] Not an FBR; the amount represents the FBR plus EP increment.
[3] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	532.00	457.36	989.36
	B	All	532.00	25.36	557.36
	Z	All	532.00	None	532.00
B	D	All	354.67 [1]	93.09	447.76
D	G	All	60.00 [2]	20.00	80.00

[1] Not an FBR; the amount represents the FBR less VTR.
[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

NEW YORK

Definitions of State Living Arrangement Variations

Code	Definition
A	Living Alone—Eligible individuals or eligible couples living physically alone, or living with only a foster child(ren), or a homemaker authorized by the local Department of Social Services (DSS), or a family care recipient(s) placed by the Office of Mental Health (OMH) or Office of Mental Retardation and Developmentally Disabled (OMRDD) or local DSS, or individuals living with others but paying a "flat fee for room and board," or living with others but taking all his/her meals outside the dwelling unit, or living with others in a dwelling but separately preparing food, or having his/her food separately prepared for him/her.
B	Living with Others—Individual/child/couple who resides in a dwelling with others and prepares food in common with at least one other person in the dwelling, or is a member of a religious community, or child (per SI 00501.040) in any living arrangement other than a family care home (Level I) or community residence (Level II) certified by OMRDD or OMH.
C	Congregate Care Level I—Family type homes and family care homes. Family type homes are facilities operated for the purpose of providing long-term residential care for adults and are certified by the New York State DSS and supervised by local departments of social services. Family care homes are private households which provide care for mentally disabled persons.
D	Congregate Care Level II—Residential facilities for adults and certain children with mental disabilities.
E	Congregate Care Level III—Privately operated non-medical residential facilities. Although Level III facilities are often called schools, these facilities may not meet the Federal definition of school (SI 00501.040 C.). Operated for the purpose of providing treatment, training and education for mentally retarded or developmentally disabled individuals, these facilities are certified by OMRDD in accordance with State regulations.
F	Living in the Household of Another—Same as Federal definition. The State supplement payment for the individual/child/couple whose Federal benefit rate is subject to the one-third reduction is the "living with others" rate but for systems purposes is coded F.
G	Effective January 1, 1988, the State elected Federal administration of an optional State supplementary payment to residents of title XIX facilities.
Y	Optional Supplementation Waived—Individual is eligible for, but has waived his/her right to receive, an optional supplement.
Z	No Supplement Cases—Recipients in licensed medical facilities whether or not Medicaid is paying more than 50 percent of the cost of care, recipients in publicly operated community residences which serve 16 or fewer residents, and residents of publicly operated emergency shelters throughout a month.

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1989
New York

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A, C	A	All	368.00	86.00	454.00
	B	All	368.00	23.00	391.00
	C	NY City	368.00	248.96	616.96
		Nassau County [4]	368.00	248.96	616.96
		All other counties	368.00	210.96	578.96
	D	NY City	368.00	435.00	803.00
		Nassau County [4]	368.00	435.00	803.00
		All other counties	368.00	405.00	773.00
	E	NY City	368.00	482.96	850.96
		Nassau County [4]	368.00	458.96	826.96
		All other counties	368.00	458.96	826.96
	Z	All	368.00	None	368.00
B	F	All	245.34 [1]	23.00	268.34
D	G	All	30.00 [2]	5.00 [3] [4]	35.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

[3] New York administers a supplement of $20 to some recipients in a title XIX institution.

[4] Includes and applies to: Nassau, Suffolk, and Westchester counties effective 7/1/85.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A, C	A	All	553.00	102.50	655.50
	B	All	553.00	45.00	598.00
	C	NY City	553.00	680.92	1,233.92
		Nassau County [4]	553.00	680.92	1,233.92
		All other counties	553.00	604.92	1,157.92
	D	NY City	553.00	1,053.00	1,606.00
		Nassau County [4]	553.00	1,053.00	1,606.00
		All other counties	553.00	993.00	1,546.00
	E	NY City	553.00	1,148.92	1,701.92
		Nassau County [4]	553.00	1,100.92	1,653.92
		All other counties	553.00	1,100.92	1,653.92
	Z	All	553.00	None	553.00
B	F	All	368.67 [1]	45.00	413.67
D	G	All	60.00 [2]	10.00 [3]	70.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

[3] New York administers a supplement of $40 to recipients in a title XIX institution.

[4] Includes and applies to: Nassau, Suffolk and Westchester counties effective 7/1/85.

CODING AND MONTHLY PAYMENT LEVELS
Effective July 1988
New York

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A, C	A	All	354.00	71.91	425.91
	B	All	354.00	17.24	371.24
	C	NY City	354.00	248.96	602.96
		Nassau County [4]	354.00	248.96	602.96
		All other counties	354.00	210.96	564.96
	D	NY City	354.00	435.00	789.00
		Nassau County [4]	354.00	435.00	789.00
		All other counties	354.00	405.00	759.00
	E	NY City	354.00	482.96	836.96
		Nassau County [4]	354.00	458.96	812.96
		All other counties	354.00	458.96	812.96
	Z	All	354.00	None	354.00
B	F	All	236.00 [1]	17.24	253.24
D	G	All	30.00 [2]	5.00 [3] [4]	35.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

[3] New York administers a supplement of $20 to some recipients in a title XIX institution.

[4] Includes and applies to: Nassau, Suffolk and Westchester counties.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A, C	A	All	532.00	92.53	624.53
	B	All	532.00	40.53	572.53
	C	NY City	532.00	673.92	1,205.92
		Nassau County [4]	532.00	673.92	1,295.92
		All other counties	532.00	597.92	1,129.92
	D	NY City	532.00	1,046.00	1,578.00
		Nassau County [4]	532.00	1,046.00	1,578.00
		All other counties	532.00	986.00	1,518.00
	E	NY City	532.00	1,141.92	1,673.92
		Nassau County [4]	532.00	1,093.92	1,625.92
		All other counties	532.00	1,093.92	1,625.92
	Z	All	532.00	None	532.00
B	F	All	354.67 [1]	40.53	395.20
D	G	All	60.00 [2]	10.00 [3]	70.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

[3] New York administers a supplement of $40 to recipients in a title XIX institution.

[4] Includes and applies to: Nassau, Suffolk and Westchester counties effective July 1985.

PENNSYLVANIA

Definitions of State Living Arrangement Variations

Code	*Definition*
A	Living Alone—Recipients in private medical facilities (nursing homes, hospitals, intermediate care facilities) where title XIX is *not* paying more than 50 percent of the cost of care, residents of publicly operated emergency shelters throughout a month, and all other individuals and couples in Federal codes A and C not meeting the definition of another variation. Used with an "intervening" Federal A code. (See SM 01301.535.) This State code is also used to supplement Section 1619 cases.
B	Living in the Household of Another—Recipients who do not have an EP and who live in the household of another and receive support and maintenance for Federal purposes.
C	Living with an EP—Recipients who are not living in the household of another or in a foster care home for adults and who have one or more EP's as defined under the Federal rules; i.e., Public Law 93-66.
D	Living in the Household of Another with an EP—Recipients who live in the household of another and who have one or more EP's as defined under the Federal rules; i.e., Public Law 93-66.
G	Living in a Domiciliary Care Facility or Personal Care Boarding Home—Adult persons (18 and over) certified by the State to be residing in nonmedical residential care facilities.
Y	Optional Supplementation Waived—Individual is eligible for, but has waived his/her right to receive, an optional supplement.
Z	No Supplement Cases—Includes all recipients who are residing in a medical facility in which title XIX is paying more than 50 percent of the cost of care.

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1989
Pennsylvania

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	368.00 [2]	32.40	400.40
	C	All	552.00 [3]	48.70	600.70
	G	All	368.00	147.30	515.30
B	B	All	245.34 [1]	32.40	277.74
	D	All	368.00 [3]	48.70	416.70
C	A	All	368.00	32.40	400.40
D	Z	All	30.00 [4]	None	30.00

[1] Not an FBR; the amount represents the FBR less VTR.
[2] Not an FBR; the amount represents the FBR plus EP increment less VTR.
[3] Not an FBR; the amount represents the FBR plus EP increment.
[4] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	553.00	48.70	601.70
	C	All	737.00 [3]	73.05	810.05
	G	All	553.00	373.40	926.40
B	B	All	368.67 [1]	48.70	417.37
	D	All	491.34 [2]	73.05	564.39
D	Z	All	60.00 [4]	None	60.00

[1] Not an FBR; the amount represents the FBR less VTR.
[2] Not an FBR; the amount represents the FBR plus EP increment less VTR.
[3] Not an FBR; the amount represents the FBR plus EP increment.
[4] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

RHODE ISLAND

Definitions of State Living Arrangement Variations

Code	Definition
A	Living Alone—Recipients who are in Federal codes A and C. Used to supplement Section 1619 cases.
B	Living in the Household of Another—Recipients who are living in the household of another and receiving support and maintenance in-kind. This variation applies only when the one-third reduction to the Federal benefit is applied.
Y	Optional Supplementation Waived—Individual is eligible for, but has waived his/her right to receive, an optional supplement.
Z	No Supplement Cases—Residents of publicly operated emergency shelters throughout a month and recipients who are subject to the $25 per month SSI payment limit because they are inpatients in medical facilities receiving more than 50 percent of the cost of care from the State's Medicaid program.

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1989
Rhode Island

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A [1]	All	368.00	61.45	429.45
B	B [1]	All	245.34 [2]	71.25	316.59
C	A [1]	All	368.00	61.45	429.45
D	Z	All	30.00 [3]	None	30.00

[1] Code is systems generated from the Federal code.

[2] Not an FBR; the amount represents the FBR less VTR.

[3] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A [1]	All	553.00	115.10	668.10
B	B [1]	All	368.67 [2]	130.40	499.07
D	Z	All	60.00 [3]	None	60.00

[1] Code is systems generated from the Federal code.

[2] Not an FBR; the amount represents the FBR less VTR.

[3] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

UTAH

Definitions of State Living Arrangement Variations

Code	*Definition*
A	Living Alone or With Others—This variation includes recipients who are in Federal codes A, B, and C.
Z	No Supplement Cases—No supplement cases include all recipients who are not included in A.

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1989
Utah

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A, B, C	A	All	368.00	8.80	376.80
	Z	All	368.00	None	368.00
D	Z	All	30.00 [1]	None	30.00

[1] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A,B,C	A	All	553.00	17.60	570.60
	Z	All	553.00	None	553.00
D	Z	All	60.00 [1]	None	60.00

[1] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

CODING AND MONTHLY PAYMENT LEVELS
Effective May 1, 1988
Utah

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A,B,C	A	All	354.00	8.80	362.80
	Z	All	354.00	None	354.00
D	Z	All	25.00 [1]	None	25.00

[1] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A,B,C	A	All	532.00	17.60	549.60
	Z	All	532.00	None	532.00
D	Z	All	50.00 [1]	None	50.00

[1] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

VERMONT

Definitions of State Living Arrangement Variations

Code	Definition
A	Independent Living (except Chittenden County)—Recipients not living in the household of another, not in a custodial care situation, and not otherwise excepted from supplementation. Includes a child (SI 00501.040) who is living with a parent and recipients residing in a private title XIX facility where Medicaid is not paying more than 50 percent of the cost of care. Effective May 1, 1983, an individual or eligible couple residing in a publicly operated emergency shelter throughout a month. Optional supplement code A is the proper code to be used with an "intervening" Federal A code (except Chittenden County).
B	Independent Living in Chittenden County—Same as A above except restricted to residents of Chittenden County. Effective May 1, 1983, an individual or eligible couple residing in a publicly operated emergency shelter throughout a month. Optional supplement code B is the proper code to be used with an "intervening" Federal A code (Chittenden County only). (See SM 01301.535.)
E	Living in the Household of Another—Recipients living in the household of another and receiving support and maintenance (subject to the Federal one-third reduction provisions), and not otherwise excepted from supplementation.
F	Custodial Care: Licensed Home with Limited Nursing Care—Recipients living in Level III Community Homes identified by the State.
G	Custodial Care: Licensed Community Care Home—Recipients living in Level IV Community Homes identified by the State.
H	Custodial Care: Family Home—Recipients living in another's home in such a manner that the individual or couple is paying room and board and is receiving one or more of the services outlined under the custodial care definition. The individual or couple must also receive the room and board and custodial care in the home in which he/she (they) reside. In order to qualify as a home under this arrangement, these services must not be provided to more than two persons and must be provided by a resident of the home. In addition to the above individuals, the Vermont Community Mental Health Agency and Department of Mental Health have established outplacement programs which provide a family home setting to no more than two persons in need of custodial care or supervision. The individuals placed in this setting are eligible for this arrangement only if a third party resides with the individual and provides the custodial care. *Custodial care* means providing basic room and board, *plus* personal services such as: help with feeding, dressing, bathing, moving about under normal circumstances, occasional tray service (tray service 2-3 times a week) and/or supervision for the recipients's protection. Supervision for the recipient's protection deals primarily with protection services for retarded and emotionally disturbed individuals. A person who receives one or more of these personal services is receiving custodial care. The change in this arrangement is effective for initial claims filed on or after January 1, 1984. For redeterminations the change is effective with the month after the month in which the first redetermination on or after January 1, 1984, is initiated. This arrangement does not cover: 1. Institutional Living—Regardless of whether custodial care is needed in addition to the medical, training, rehabilitation, educational or similar services as the primary function of the institution.

Code	Definition
	2. A person whose Federal living arrangement is based on home ownership or rental liability. (A flat fee for room and board per SI 00835.120 B. is not considered as rental liability for this arrangement.)
	3. A child under 18 years of age not placed by a Vermont Community Mental Health Agency or the Vermont Department of Mental Health.
	4. Custodial care or supervision provided by a spouse (as defined by Federal regulations).
	5. Any home or boarding arrangement which does not meet the Federal (SSI) definition of independent living, Federal code A.
I	Effective July 1, 1987, the State elected Federal administration of an optional State supplementary payment to residents in title XIX facilities.
Y	Optional Supplementation Waived—Individual is eligible for, but has waived his/her right to receive, an optional supplement.
Z	No Supplement Cases—Recipients in title XIX facilities where Medicaid pays more than 50 percent of the cost of the care.

NOTE: *When a person has a room in one facility/household and receives board or custodial care in another facility/household, the custodial rate (F, G, or H) is based on the facility/household where the person sleeps.*

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1989
Vermont

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All (Except Chittenden County)	368.00	60.10	428.10
	B	All (Restricted to Chittenden County)	368.00	60.10	428.10
	F	All	368.00	239.00	607.00
	G	All	368.00	201.90	569.90
	H	All	368.00	94.20	462.20
B	E	All	245.34 [1]	40.00	285.34
C	A	All (Except Chittenden County)	368.00	60.10	428.10
	B	All (Restricted to Chittenden [1]	368.00	60.10	428.10
D	I	All	30.00 [2]	15.00	45.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All (Except Chittenden County)	553.00	109.30	662.30
	B	All (Restricted to Chittenden County)	553.00	109.30	662.30
	F	All	553.00	533.10	1,086.10
	G	All	553.00	497.30	1,050.30
	H	All	553.00	300.20	853.20
B	E	All	368.67 [1]	50.80	419.47
D	I	All	60.00 [2]	30.00	90.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

CODING AND MONTHLY PAYMENT LEVELS
Effective July 1, 1988
Vermont

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All (Except Chittenden County)	354.00	60.10	414.10
	B	All (Restricted to Chittenden County)	354.00	60.10	414.10
	F	All	354.00	239.00	593.00
	G	All	354.00	201.90	555.90
	H	All	354.00	94.20	448.20
B	E	All	236.00 [1]	40.00	276.00
C	A	All (Except Chittenden County)	354.00	60.10	414.10
	B	All (Restricted to Chittenden County)	354.00	60.10	414.10
D	I	All	30.00 [2]	15.00	45.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All (Except Chittenden County)	532.00	109.30	641.30
	B	All (Restricted to Chittenden County)	532.00	109.30	641.30
	F	All	532.00	533.10	1,065.10
	G	All	532.00	497.30	1,029.30
	H	All	532.00	300.20	832.20
B	E	All	354.67 [1]	50.80	405.47
D	I	All	60.00 [2]	30.00	90.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

WASHINGTON

Definitions of State Living Arrangement Variations

Code	Definition

A

Living Alone—Recipients who are "living in own household" under title XVI. If an eligible individual/couple is determined to be living in own household (Federal living arrangement A) for title XVI, the eligible individual/couple will usually be in a living alone arrangement for State supplementation purposes.

This variation includes:

1. Eligible individuals or eligible couples living in private households, whether they are renting, buying, own their home, or have an interest in the home (e.g., a life estate). The household may be in a house, room, college dormitory, apartment, hotel, motel, etc.
2. Eligible individuals or eligible couples living in board and room situations. This includes commercial, benevolent, religious, or fraternal board and room accommodations.
3. Eligible individuals or eligible couples residing in homes approved as congregate care facilities (group homes).
4. Eligible individuals or eligible couples residing in publicly operated community-based residences of 16 or fewer beds.
5. Eligible individuals and eligible couples residing in adult family homes. Adult family homes are homes that provide board, room, laundry. They may also provide necessary supervision, personal and social services, and, when appropriate, a minimum of nursing care, and are approved for payment and licensed by the State Department of Social and Health Services.
6. An eligible individual living with an ineligible spouse when natural, step, adoptive or foster children under age 18 whose needs are included in determining an AFDC grant are residing in the same household. In these cases we assume that the ineligible spouse's income has been considered in determining the AFDC payment unless the couple is living in a holding-out relationship. (Where the holding-out spouse has income, the local Department of Social and Health Services office must be contacted to determine whether that income has been considered in an AFDC payment.) This variation does not include an eligible individual living with an ineligible spouse and grandchildren under age 18 whose needs are included in determining an AFDC grant.
7. A child in a Federal code A or C living arrangement.

Optional supplement code A is the proper code to be used with an "intervening" Federal A code. (See SM 01301.535.)

Exceptions

Optional supplement A is not paid when:

a. An individual is living in a medical care facility throughout an entire calendar month;

b. An eligible individual has more than one EP;

c. An eligible couple has one or more EP's; and

d. An eligible individual or couple is residing in a public emergency shelter for the homeless (effective 5/83).

B

Living Alone with an Ineligible Spouse—Eligible individual who is the head of the household and who lives alone as described in A above and is living with an ineligible spouse. An ineligible spouse is a spouse who has either not applied for SSI benefits, has been denied or terminated, or has withdrawn his or her application. It is not material whether the ineligible spouse is aged, blind, or disabled. An ineligible spouse includes:

1. Legally married and common law spouses;
2. "Holding-out" spouses;

Code	Definition

3. Alien spouses not lawfully admitted to the U.S., and

4. Refugee spouses receiving payments.

NOTE: *Refugee payments are not deemable to the eligible individual.*

In determining whether an ineligible spouse is a member of the household for the purpose of paying the optional supplement B to the eligible individual, use the same rules for making Federal determinations (SI 00850.010 and SI 00850.270). If an eligible individual marries, or a separated spouse returns home, the ineligible spouse supplement is paid beginning with the month after the month of the arrival of the ineligible spouse in the household.

Exceptions

Optional supplement B is not paid when: (1) an individual with an ineligible spouse also has child(ren) under the age of 18 whose needs are considered in determining an AFDC grant. Rather, the optional supplement A is paid. This is true whether or not the ineligible spouse is actually included on the AFDC grant; (2) an eligible individual resides in a public emergency shelter for the homeless (effective 5/83). In this case, use optional supplementation code Z.

C Living in the Household of Another—Applies to most cases which meet the Federal definition of living in the household of another (Federal code B).

Exceptions

Not paid when: (1) an individual lives in the household of another with more than one EP; or (2) a couple lives in the household of another with one or more EP's. In both of these cases the optional supplementation code is Z.

F Living in the Household of Another with an Ineligible Spouse—Individuals living in the household of another (Federal code B) who have an ineligible spouse or an EP.

Exceptions

Individuals with more than one EP are not eligible for an optional supplement.

G Living with an Essential Person—Applies to an eligible individual who is the head of the household and who lives alone as described in A above and was converted from the December 1973 State rolls with an EP who has continued to live in the household. The system will pay the optional supplement for an EP. If an eligible individual has more than one EP use optional supplementation code Z.

H Living in the Household of Another with an EP—Applies to individuals living in the household of another who have an EP. Individuals with more than one EP are not eligible for an optional supplement.

Y Optional Supplementation Waived—Individual is eligible for, but has waived his/her right to receive, an optional supplement.

Z No Supplement Cases—The following groups are ineligible for a federally administered optional supplement:

1. An individual with more than one EP.

2. A couple with one or more EP's.

3. Individuals residing in a medical facility throughout a month, regardless of whether private or public, or if Medicaid is involved in reimbursement for the cost of the care. (If only one member of an eligible couple is in a medical facility, determine the optional supplement variation that applies to the other member separately.) The term "medical facility" includes hospitals, nursing homes, and extended care facilities, but does not include boarding schools, congregate care facilities, and half-way houses.

4. Residents of publicly operated emergency shelters throughout a month, effective May 1983.

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1989
Washington

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	King, Kitsap, Pierce, Snohomish, Thurston Counties	368.00	28.00	396.00
		All other counties	368.00	7.55	375.55
	B	King, Kitsap, Pierce, Snohomish, Thurston Counties	368.00	192.00	560.00
		All other counties	368.00	160.15	528.15
	G	Individual with one EP King, Kitsap, Pierce, Snohomish, Thurston Counties	552.00	22.00	574.00
		Individual with one EP All other counties	552.00	None	552.00
	Z	All	368.00 [3]	None	368.00 [3]
B	C	All	245.34	5.81	251.15
	F	Individual w/Ineligible Spouse	245.34	119.63	364.97
	H	Individual living with one EP	368.00 [2]	6.30	374.30
	Z	Individual living with more than one EP	245.34 [1] [3]	None	245.34 [3]
C	A	King, Kitsap, Pierce, Snohomish, Thurston Counties	368.00	28.00	396.00
		All other counties	368.00	7.55	375.55
D	Z	All	30.00 [5]	None [4]	30.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents the FBR plus EP increment less VTR.

[3] Plus increment for each EP, if appropriate.

[4] Individuals/each member of a couple with income of $45.00 or less will receive a $11.62 State-administered supplement. Individuals/each member of a couple with income making them ineligible for SSI payments will be allowed to keep $36.62/month for personal expenses.

[5] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	King, Kitsap, Pierce, Snohomish, Thurston Counties	553.00	22.00	575.00
		All other counties	553.00	None	553.00
	Z	All	553.00 [3]	None	553.00 [3]
B	C	All	368.67 [1]	6.30	374.97
	Z	All	368.67 [3]	None	368.67 [3]
D	Z	All	60.00 [4]	None [5]	60.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Plus increment for each EP, if appropriate.

[3] Individuals/each member of a couple with income of $45.00 or less will each receive a $11.62 State-administered supplement. Individuals/each member of a couple with income making them ineligible for SSI payments will be allowed to keep $36.62/month for personal expenses.

[4] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

WISCONSIN

Definitions of State Living Arrangement Variations

Code	Definition
A	Living in own household or living in a private medical treatment facility and receiving 50 percent or less of the cost of care from title XIX. This variation also includes nonmedical institutions. Optional supplement code A is the proper code to be used with an "intervening" Federal A code. (See SM 01301.535.) This State code is also used to supplement Section 1619 cases.
B	Living in household of another.
C	Living in own household with ineligible spouse.
D	Living in household of another with ineligible spouse.
E	Effective February 1, 1984, the E supplement is payable to the physically disabled, the blind, and to alcohol and drug abusers. It is no longer limited to substitute care. It can be certified for natural residential settings (supportive living arrangements). (Prior to February 1, 1984, the E supplement was payable only to the aged, developmentally disabled, or chronically mentally ill residing in substitute care facilities.) Eligibility is based on certification, on an individual basis, by the State.
F	Living in own household with EP (not a spouse).
G	Living in household of another with EP (not a spouse).
H	Living in own household with ineligible spouse who is an EP.
I	Living in household of another with ineligible spouse who is an EP.
Y	Optional Supplementation Waived—Individual is eligible for, but has waived his/her right to receive, an optional supplement.
Z	No Supplement Cases—Recipients in title XIX facilities where Medicaid pays more than 50 percent of the cost of care, recipients in medical facilities not certified under title XIX, and residents of publicly operated emergency shelters throughout a month.

CODING AND MONTHLY PAYMENT LEVELS
Effective January 1, 1989
Wisconsin

Individual

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	368.00	102.72	470.72
	C	All	368.00	154.08	522.08
	F	All	552.00 [3]	102.72	654.72
	H	All	552.00 [3]	154.08	706.08
	E	All	368.00	203.16	571.16
	Z	All	368.00	None	368.00
B	B	All	245.34 [1]	102.72	348.06
	D	All	245.34 [1]	154.08	399.42
	G	All	368.00 [2]	102.72	470.72
	I	All	368.00 [2]	154.08	522.08
C	A	All	368.00	102.72	470.72
	F	All	552.00 [3]	102.72	654.72
D	Z	All	30.00 [4]	None	30.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents the FBR plus EP increment less VTR.

[3] Not an FBR; the amount represents the FBR plus EP increment.

[4] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

Couple

Federal Code	State OS Code	Category	FBR	State Supplement Level	Total Payment Levels
A	A	All	553.00	165.86	718.86
	F	All	737.00 [3]	165.86	902.86
	E	All	553.00	519.02	1,072.02
	Z	All	553.00	None	553.00
B	B	All	368.67 [1]	165.86	534.53
	G	All	491.34 [2]	165.86	657.20
D	Z	All	60.00 [4]	None	60.00

[1] Not an FBR; the amount represents the FBR less VTR.

[2] Not an FBR; the amount represents the FBR plus EP increment less VTR.

[3] Not an FBR; the amount represents the FBR plus EP increment.

[4] Not an FBR; the amount represents a payment cap to recipients in a title XIX institution.

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